


LOUISIANA
 DEPARTMENT of REVENUE

SALES TAX RETURN
FOR ELECTRONIC FILING ONLY

Account Number:

Taxpayer Name:

Filing Period:

 U.S. NAICS
 Code

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Note: Lessors/Rentors of Motor Vehicles MUST file electronically!

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|----------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1. Gross sales of tangible personal property | 1. _____ |
| 2. Cost of tangible personal property
(Used, consumed, or stored for use or consumption in Louisiana.) | 2. _____ |
| 3. (a) Motor vehicles leases (a 180 day period or more. See instructions.) | 3(a). _____ |
| (b) Motor vehicles rentals (a period of less than 180 days. See instructions.) | 3(b). _____ |
| (c) Leases and rentals of tangible personal property | 3(c). _____ |
| (d) Taxable Services | 3(d). _____ |
| 3. Total leases, rentals, and taxable services (Add Lines 3(a) through 3(d).) | 3. _____ |
| 4. Total (Add Lines 1, 2, and 3.) | 4. _____ |
| 5. Total allowable deductions
(From Line 32, Schedule A. Do not include as a deduction any item not reported on Lines 1 through 3.) | 5. _____ |
| 6. Amount taxable (Subtract Line 5 from Line 4.) | 6. _____ |
| 7. Tax due (Multiply amount on Line 6 by 4.45%.) | 7. _____ |
| 8. Excess tax collected (Do not include local sales tax.) | 8. _____ |
| 9. Total (Add Line 7 and Line 8.) | 9. _____ |
| 10. Vendor's compensation (0.944% of Line 9 if not delinquent. Limited to \$1500. See instructions for additional information.) | 10. _____ |
| 11. Net tax (Subtract Line 10 from Line 9.) | 11. _____ |
| 11 (a) Donation to the Louisiana Military Family Assistance Fund
(Enter the amount from Line 33 from the back of the return.) | 11(a). _____ |
| 12. Penalty (See instructions.) | 12. _____ |
| 13. Interest (See instructions.) | 13. _____ |
| 14. Total payment due (Add Lines 11, 11(a), 12, and 13.)
Make payment to Louisiana Department Revenue. Do not send cash. | 14. _____ |

☐ Amended Return ☐ Final Return

Date business sold/terminated

Taxpayer's FEIN

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Parent Company FEIN

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The Military Family Assistance Fund Worksheet

33. Total Donation (Add Lines 33(a) and 33(b).) Enter here and on Line 11(a) on front of return. 33. _____

PTIN, FEIN, or LDR Account Number
of Paid Preparer

Schedule A-1: Transactions Subject to 0% Tax		
Description	Sales Tax Exemption Code	Total Sales
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21	Add Lines 1 - 20; enter here and on Line 31 of Schedule A, under the Total Sales column.	

