

**Louisiana Department of Revenue**  
**Sales Tax Return**

Location address:

ADDRESS		
CITY	STATE	ZIP



FOR OFFICE USE ONLY. Field flag

**Do not use this form  
for filing periods prior  
to August 2023.**

Filing period

M	M	Y	Y
---	---	---	---

U.S. NAICS  
Code

--	--	--	--	--	--

ACCOUNT  
NUMBER

--	--	--	--	--	--	--	--

LEGAL NAME		
TRADE NAME		
MAILING ADDRESS	UNIT TYPE	UNIT NUMBER
CITY	STATE	ZIP
FOREIGN NATION, IF NOT UNITED STATES (DO NOT ABBREVIATE)		

**Please use blue or black ink.**  
Round to the nearest dollar. Do not use dashes.

- 1 Gross sales of tangible personal property**
- 2 Cost of tangible personal property**  
(Used, consumed, or stored for use or consumption in Louisiana.)
- 3 (a) Leases and rentals of tangible personal property**  
(Do not include motor vehicle leases or rentals, which must be filed electronically. See instructions.)
- (b) Taxable services**
- 3 Total leases, rentals, and taxable services** (Add Lines 3(a) and 3(b).)
- 4 Total** (Add Lines 1, 2, and 3.)
- 5 Total allowable deductions** (From Line 32, Schedule A. Do not include as a deduction any item not reported on either Line 1, 2, or 3.)
- 6 Amount taxable** (Subtract Line 5 from Line 4.)
- 7 Tax due** (Multiply amount on Line 6 by 4.45%.)
- 8 Excess tax collected** (Do not include local sales tax.)
- 9 Total** (Add Line 7 and Line 8.)
- 10 Vendor's compensation 0.944%** (0.944% of Line 9 if not delinquent. Limited to \$1500. The 0.944% rate is the equivalent of 4 cents out of 4.45 cents of the 1.05% V.C. rate. See instructions.)
- 11 Net tax due** (Subtract Line 10 from Line 9.)
- 11 (a) Donation to The Louisiana Military Family Assistance Fund**  
(Enter the amount from Line 33 from the back of the return.)
- 12 Penalty** (See instructions.)
- 13 Interest** (See instructions.)
- 14 Total payment due** (Add Lines 11, 11(a), 12, and 13.)  
Make payment to: Louisiana Department of Revenue.

1										00
2										00
3(a)										00
3(b)										00
3										00
4										00
5										00
6										00
7										00
8										00
9										00
10										00
11										00
11(a)										00
12										00
13										00
14										00

Mark this box if  
payment made  
electronically.

☐

# WEB

Each physical location must register to  
obtain a separate Revenue Account ID.

**PAY THIS AMOUNT (DO NOT SEND CASH.) ►**

Taxpayer's FEIN

--	--	--	--	--	--	--	--

Parent Company FEIN

--	--	--	--	--	--	--	--

Final  
return
☐
Enter date  
business  
sold/terminated.

--	--	--	--	--	--

☐
If amended return,  
mark this box.

42374

**Allowable Deductions – Schedule A**

	Total Sales	Percent Exempt
<b>15</b> Intrastate telecommunication services (Do not include prepaid telephone cards.)	00	22.472%
<b>16</b> Interstate telecommunication services	00	44.944%
<b>17</b> Prepaid telephone cards	00	22.472%
<b>18</b> Electricity and natural gas or energy for non-residential use	00	55.056%
<b>19</b> Steam and bulk or utility water used for non-residential purposes	00	55.056%
<b>20</b> Boiler fuel for nonresidential use (See instructions.)	00	55.056%
<b>21</b> Sales of agricultural fencing materials by commercial farmers	00	55.056%
<b>22</b> Sales to U. S. government and Louisiana state and local government agencies	00	100%
<b>23</b> Sales of prescription drugs	00	100%
<b>24</b> Sales of food for home consumption	00	100%
<b>25</b> Electricity, natural gas, and bulk water for residential use	00	100%
<b>26</b> Sales in interstate commerce	00	100%
<b>27</b> Sales for resale	00	100%
<b>28</b> Sales/purchase/leases/rentals of manufacturing machinery or equipment	00	100%
<b>29</b> Tangible personal property sold for lease or rental (See instructions.)	00	100%
<b>30</b> Sales of gasoline, diesel, and motor fuel (Sales for resale must be reported on Line 27.)	00	100%
<b>31</b> Total from SCHEDULE A-1 (Transactions taxed at 0%.)	00	100%
<b>32</b> Add Lines 15 through 31; enter here and on Line 5.		

**33(a) Donation of Vendor's Compensation****33(b) Donation in Addition to Tax Due**

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**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature

Date (mm/dd/yyyy)

Print Name

Title

Telephone

**PAID  
PREPARER  
USE ONLY**

Print Preparer's Name

Preparer's Signature

Date (mm/dd/yyyy)

Check ☐ if  
Self-employed

Firm's Name ➤

Firm's EIN ➤

Firm's Address ➤

Telephone ➤

PTIN, FEIN, or LDR account  
number of paid preparer

For Office  
Use Only.



Louisiana Department of Revenue • Post Office Box 3138 • Baton Rouge, LA 70821-3138

This return is due on or before the 20th day following the taxable period covered and becomes delinquent on the first day thereafter. If the due date falls on a weekend or holiday, the return is due the next business day and becomes delinquent the first day thereafter.

42375

Enter your Louisiana Revenue Account Number:

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.		

