Please paperclip attachments here.

R-1029 (7/05)

S2 Louisiana Department of Revenue Sales Tax Return

Location address:

Address

City | State | ZIP

☐ If address is different from that shown, mark here and make corrections in area provided back. *

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For information on filing your return electronically via the Internet, go to www.revenue.louisiana.gov

Please use blue or black ink.

Account Number

Name(1)

Name(2)

Address(1)

Address(2)

City | State | ZIP

Filing period mm/yy

Do not use this form for filing periods prior to July 2005.

Round to the nearest dollar. Do not use dashes.

1	**Gross sales of tangible personal property**	1
2	**Cost of tangible personal property** (Used, consumed, or stored for use or consumption, or purchased or imported to be sold in coin-operated vending machines)	2
3	**Leases, rentals, and services**	3
4	**Total** (Add Lines 1 through 3.)	4
5	**Total allowable deductions** (From Line 34, 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%.)	7
8	**Excess tax collected**	8
9	**Total** (Add Line 7 and Line 8.)	9
10	**Vendor's compensation** (1.1% of Line 9, if payment not delinquent)	10
11	**Gross tax due** (Subtract Line 10 from Line 9.)	11
12	**Sales tax credit** Purchases ___,___,___.00	12 ___,___.00

Louisiana tax paid on purchases for resale

12A	**Register reprogramming credit** (Actual programming costs, not to exceed $25 per register - invoices must be attached)	12A
13	**Net tax due** (Add Lines 12 and 12A and subtract from Line 11. If total of Lines 12 and 12A exceeds Line 11, enter excess amount here and on Line 17.)	13
14	**Penalty** (See instructions.)	14
15	**Interest** (1.25% per month from due date until paid)	15
16	**Total tax, penalty, and interest** (Add Lines 13, 14, and 15. Enter amount here.) Make payment to: Louisiana Department of Revenue. **Do not send cash.** ☐ Mark this box if payment made electronically. **PAY THIS AMOUNT.** ▶	16
17	**Overpayment to be refunded** (Do not claim a credit for this overpayment on any other return.) If final or amended return, mark boxes on back of this form.	17

4401

R-1029 (7/05)

Allowable Deductions – Schedule A

	Total Sales	% Exemption	Sales Deduction
18 Intrastate telecommunication services and prepaid telephone cards		25%	18 , , . 00
19 Interstate telecommunication services		50%	19 , , . 00
20 Electricity, natural gas, steam, water used for other than residential purposes		5%	20 , , . 00
21 Sales of customized computer software		100%	21 , , . 00
22 Sales/purchases/leases/rentals of manufacturing machinery or equipment		19%	22 , , . 00
23 Repairs to property delivered to another state		100%	23 , , . 00
24 Sales of certain farm equipment		100%	24 , , . 00
25 Tangible personal property sold for lease or rental (See instructions.)		100%	25 , , . 00
26 Sales to U.S. government and Louisiana state and local government agencies		100%	26 , , . 00
27 Prescription drugs and medical properties		100%	27 , , . 00
28 Sales of food for home consumption		100%	28 , , . 00
29 Electricity, natural gas, bulk water, and all home heating fuels for residential consumption.		100%	29 , , . 00
30 Sales in interstate commerce		100%	30 , , . 00
31 Sales to registered wholesalers		100%	31 , , . 00
32 Cash discounts, sales returns, and allowances		100%	32 , , . 00
33 Other totally tax-exempt sales (Explain.) (Do not include bad debt write-offs from prior period sales.) _____		100%	33 , , . 00
34 Add Lines 18 through 33; enter here and on Line 5.			34 , , . 00

Final return ☐ Enter date business sold/terminated. ☐☐☐☐☐☐

☐ If amended return, mark this box.

If business is sold, the new owner should complete a new application for a new account number. Furnish new owner's name.

New owner _____

Complete applicable lines **for address changes only**:

New **mailing** address _____ City _____ State _____ ZIP _____

New **location** address _____ City _____ State _____ ZIP _____

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature _____ Date _____ Telephone _____

ID number of preparer ☐☐☐☐☐☐☐☐☐☐

Preparer signature _____

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.

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

FOR OFFICE USE ONLY. ☐☐☐☐☐☐ Field flag ☐ ☐☐☐