



**Allowable Deductions – Schedule A**

Total Sales % Exemption

	Total Sales	% Exemption					
18 Intrastate telecommunication services (Do not include prepaid telephone cards.)		25%	18				.00
19 Interstate telecommunication services		50%	19				.00
20A Electricity and natural gas used for other than residential purposes		42.5%	20A				.00
20B Steam and bulk or utility water used for other than residential purposes		30%	20B				.00
20C Electric power or energy used by paper or wood products manufacturing facilities		100%	20C				.00
21 Prepaid telephone cards		25%	21				.00
22 Sales/purchases/leases/rentals of manufacturing machinery or equipment		68%	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 other fuels for residential use		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

The Military Family Assistance Fund Worksheet

35A Donation of Vendor's Compensation  
 ,  .

35B Donation in Addition to Tax Due  
 ,  .

35C Donation of Refund  
 ,  .

35 Total Donation (Add Lines 35A, 35B, and 35C.) Enter here and on Line 13A on front of return. .... 35  ,  .

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.



Final return

Enter date business sold/terminated.

If amended return, mark this box.

FOR OFFICE USE ONLY.  Field flag