Please paperclip attachments here.

R-1029 (7/09)

Louisiana Department of Revenue
Sales Tax Return

Location address:

Address

City | State | ZIP

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

Account Number

Name(1)

Name(2)

Address(1)

Address(2)

City | State | ZIP

Do not use this form for filing periods prior to July 2009. *

Filing period mm/yy

U.S. NAICS Code

Please use blue or black ink.
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** (Do not include motor vehicle leases or rentals, which must be filed electronically. See instructions.)	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** (Do not include local sales tax.)	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
12A	**Register reprogramming credit** (Actual programming costs, not to exceed $25 per register - invoices must be attached)	12A
13	**Net tax due** (Subtract Line 12A from Line 11. If Line 12A exceeds Line 11, please see instructions.)	13
13A	**Donation to The Louisiana Military Family Assistance Fund** (Enter the amount from Line 35 from the back of the return.)	13A
14	**Penalty** (See instructions.)	14
15	**Interest** (See instructions.)	15
16	**Total payment due** (Add Lines 13, 13A, 14, and 15.) Make payment to: Louisiana Department of Revenue. ☐ Mark this box if payment made electronically. **PAY THIS AMOUNT (DO NOT SEND CASH.) ▶**	16
17	**Overpayment to be refunded** (Add Lines 11 and 13A and subtract Line 12A. 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

SPEC CODE

4911

R-1029 (7/09)

Allowable Deductions – Schedule A

		Total Sales	% Exemption		
18	Intrastate telecommunication services (Do not include prepaid telephone cards.)		25%	18	
19	Interstate telecommunication services		50%	19	
20A	Electricity and natural gas or energy for non-residential use		100%	20A	
20B	Steam and bulk or utility water used for other than residential purposes		100%	20B	
20C	Other transactions subject to 1% tax		75%	20C	
21	Prepaid telephone cards		25%	21	
22	Sales/purchases/leases/rentals of manufacturing machinery or equipment		100%	22	
23	Repairs to property delivered to another state		100%	23	
24	Sales Tax Holiday sales		100%	24	
25	Tangible personal property sold for lease or rental (See instructions.)		100%	25	
26	Sales to U.S. government and Louisiana state and local government agencies		100%	26	
27	Prescription drugs and medical properties		100%	27	
28	Sales of food for home consumption		100%	28	
29	Electricity, natural gas, bulk water, and all other fuels for residential use		100%	29	
30	Sales in interstate commerce		100%	30	
31	Sales for resale		100%	31	
32	Cash discounts, sales returns, and allowances		100%	32	
33	Other totally tax-exempt sales (Explain.) (Do not include bad debt write-offs from prior period sales.) _____		100%	33	
34	Add Lines 18 through 33; enter here and on Line 5.			34	

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.

FOR OFFICE USE ONLY. Field flag

Final return

Enter date business sold/terminated.

If amended return, mark this box.

4912