

Please paperclip attachments here.

R-1029 (7/12)

Louisiana Department of Revenue Sales Tax Return

Location address:



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

Do not use this form for filing periods prior to July 2012. *

Filing period

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	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
3	Leases, rentals, and services (Do not include motor vehicle leases or rentals, which must be filed electronically. See instructions.)	3	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
4	Total (Add Lines 1 through 3.)	4	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
6	Amount taxable (Subtract Line 5 from Line 4.)	6	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
7	Tax due (Multiply amount on Line 6 by 4%.)	7	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
8	Excess tax collected (Do not include local sales tax.).....	8	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
9	Total (Add Line 7 and Line 8.)	9	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
10	Vendor's compensation (1.1% of Line 9, if payment not delinquent).....	10	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
11	Gross tax due (Subtract Line 10 from Line 9.)	11	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
12A	Register reprogramming credit (Actual programming costs, not to exceed \$25 per register - invoices must be attached).....	12A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
13	Net tax due (Subtract Line 12A from Line 11. If Line 12A exceeds Line 11, please see instructions.).....	13	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
13A	Donation to The Louisiana Military Family Assistance Fund (Enter the amount from Line 35 from the back of the return.)	13A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
14	Penalty (See instructions.).....	14	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
15	Interest (See instructions.)	15	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
16	Total payment due (Add Lines 13, 13A, 14, and 15.) Make payment to: Louisiana Department of Revenue. <input type="checkbox"/> Mark this box if payment made electronically.	16	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
PAY THIS AMOUNT (DO NOT SEND CASH.) ▶			<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
17	Overpayment to be refunded	17	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
(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.			<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>



SPEC CODE

4010

Allowable Deductions – Schedule A

Total Sales % Exemption

Table with 3 columns: Line number, Description, and % Exemption. Rows include Intrastate telecommunication services, Interstate telecommunication services, Electricity and natural gas, etc.

Grid of red boxes for entering values for lines 18 through 34, including cents and dollar amounts.

The Military Family Assistance Fund Worksheet

35A Donation of Vendor's Compensation form with red boxes for amount.

35B Donation in Addition to Tax Due form with red boxes for amount.

35C Donation of Refund form with red boxes for amount.

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, 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 [Red boxes]

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.

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



FOR OFFICE USE ONLY. Field flag [Red boxes]

Final return [Red box]

Enter date business sold/terminated. [Red boxes]

If amended return, mark this box. [Red box]