



- If your name has changed, mark circle.
- If your address has changed, mark circle.
- If amended return, mark circle.
- If final return, mark circle.

Hotel/Motel Sales Tax Return

Louisiana Department of Revenue
 P.O. Box 3138
 Baton Rouge, Louisiana 70821-3138
 (225) 219-7356
 (225) 219-2114 (TDD)

Account ID (10 digit BMF #)

Name

Address 1

Address 2

Address 3

FOR OFFICE USE ONLY.

Field flag

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

Filing period

1 Gross room rental receipts	1		00	
2 Less exempt rentals to federal, state, and local government agencies	2		00	
3 Taxable room rental receipts (Subtract Line 2 from Line 1.)				00
4 Gross sales of tangible personal property				00
5 Cost of tangible personal property <small>(Used, consumed, or stored for use or consumption, or purchased or imported to be sold in coin-operated vending machines)</small>				00
6 Leases, rentals, and services of tangible personal property				00
7 Total (Add Lines 3 through 6.)				00
8 Less gross sales, leases, rentals (other than room rentals), and services to federal, state, and local government agencies				00
9 Amount taxable (Subtract Line 8 from Line 7.)				00
10 Tax due (Multiply amount on Line 9 by 4%.)				00
11 Excess tax collected				00
12 Total (Add Line 10 plus Line 11.)				00
13 Vendor's compensation (1.1% of Line 12, if not delinquent)				00
14 Gross tax due (Subtract Line 13 from Line 12.)				00
15 Sales tax credit		Purchases	00	Louisiana tax paid on purchases for resale
16 Net tax due (Subtract Line 15 from Line 14. If Line 15 exceeds Line 14, enter amount here and on Line 20.)				00
17 Delinquent penalty <small>(5% of tax for each 30 days or fraction thereof of delinquency, not to exceed 25% in the aggregate)</small>	17		00	
18 Interest (1.25% per month from due date until paid)	18		00	
19 Total tax, penalty, and interest (Total of Lines 16, 17, and 18)				00
Make payment to: Department of Revenue. Do not send cash. PAY THIS AMOUNT.				
20 Overpayment to be refunded (Do not claim a credit for this overpayment on any other return.)	20		00	

EFT Tax Code 04141

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. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has any knowledge.

Date	Signature	Signature of preparer other than taxpayer	Preparer ID
------	-----------	---	-------------

This return is due on or before the 20th day of the month following the taxable period covered and becomes delinquent on the first day thereafter. Telephone Number _____
 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.

Complete only if change in business status has occurred. Please print or type.

Date business discontinued	Date business sold	Name of purchaser
----------------------------	--------------------	-------------------

NOTE: If your business has been discontinued or sold, your registration certificate must be sent to the Department of Revenue with this report. If business is sold, the new owner should complete a new application for a separate number.

