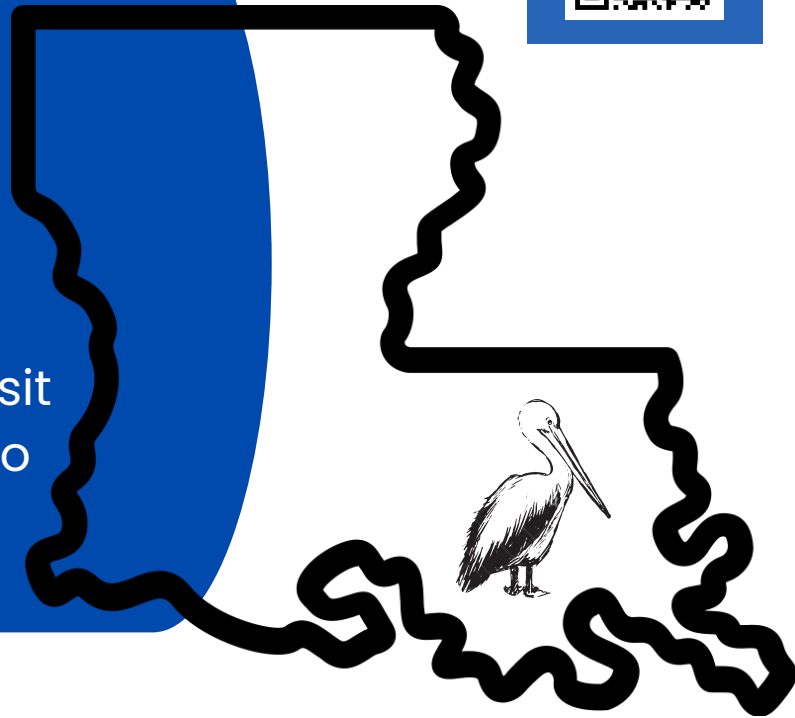


MANAGE YOUR STATE SALES TAX ONLINE FOR FREE



**FAST.
EASY.
SECURE.**

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WHY SHOULD YOU USE LATAP



REGISTERING IS SIMPLE

It takes less than 7 minutes to register on your desktop or mobile device



FILING HAS NEVER BEEN EASIER

File most returns in less than 3 minutes online



STAY UP TO DATE ON TAX RATES

Faster and Easier than a paper return and its free



ACH DEBIT

Make ACH debit or credit card payments with no convenience Fees



PROCESS RETURNS FASTER

Receive immediate confirmation for all transactions; returns processed within 24-48 hours



ACCOUNT ACCESS

Access to your account 24/7; option to schedule payments at your convenience



WWW.LATAP.REVENUE.LOUISIANA.GOV

Louisiana Department of Revenue
Sales Tax Return

Location address:

ADDRESS
CITY STATE ZIP



ACCOUNT NUMBER

LEGAL NAME
TRADE NAME
MAILING ADDRESS UNIT TYPE UNIT NUMBER
CITY STATE ZIP
FOREIGN NATION, IF NOT UNITED STATES (DO NOT ABBREVIATE)

FOR OFFICE USE ONLY. Field flag

Do not use this form for filing periods prior to July 2022.

Filing period M M Y Y

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
2 Cost of tangible personal property (Used, consumed, or stored for use or consumption in Louisiana.)
3 (a) Leases and rentals of tangible personal property (Do not include motor vehicle leases or rentals, which must be filed electronically. See instructions.)
(b) Taxable services
3 Total leases, rentals, and taxable services (Add Lines 3(a) and 3(b).)
4 Total (Add Lines 1, 2, and 3.)
5 Total allowable deductions (From Line 32, Schedule A. Do not include as a deduction any item not reported on either Line 1, 2, or 3.)
6 Amount taxable (Subtract Line 5 from Line 4.)
7 Tax due (Multiply amount on Line 6 by 4.45%.)
8 Excess tax collected (Do not include local sales tax.)
9 Total (Add Line 7 and Line 8.)
10 Vendor's compensation 0.944% (0.944% of Line 9 if not delinquent. Limited to \$1500. The 0.944% rate is the equivalent of 4 cents out of 4.45 cents of the 1.05% V.C. rate. See instructions.)
11 Net tax due (Subtract Line 10 from Line 9.)
11 (a) Donation to The Louisiana Military Family Assistance Fund (Enter the amount from Line 33 from the back of the return.)
12 Penalty (See instructions.)
13 Interest (See instructions.)
14 Total payment due (Add Lines 11, 11(a), 12, and 13.) Make payment to: Louisiana Department of Revenue. Mark this box if payment made electronically.

1 00
2 00
3(a) 00
3(b) 00
3 00
4 00
5 00
6 00
7 00
8 00
9 00
10 00
11 00
11(a) 00
12 00
13 00
14 00

WEB

PAY THIS AMOUNT (DO NOT SEND CASH.)

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

Taxpayer's FEIN Parent Company FEIN



Final return Enter date business sold/terminated.

If amended return, mark this box.

Allowable Deductions – Schedule A

	Total Sales	Percent Exempt
15 Intrastate telecommunication services (Do not include prepaid telephone cards.)	00	22.472%
16 Interstate telecommunication services	00	44.944%
17 Prepaid telephone cards	00	22.472%
18 Electricity and natural gas or energy for non-residential use	00	55.056%
19 Steam and bulk or utility water used for non-residential purposes	00	55.056%
20 Boiler fuel for nonresidential use (See instructions.)	00	55.056%
21 Sales/purchase/leases/rentals of manufacturing machinery or equipment	00	100%
22 Sales to U. S. government and Louisiana state and local government agencies	00	100%
23 Sales of prescription drugs	00	100%
24 Sales of food for home consumption	00	100%
25 Electricity, natural gas, and bulk water for residential use	00	100%
26 Sales in interstate commerce	00	100%
27 Sales for resale	00	100%
28 Cash discounts, sales returns and allowances	00	100%
29 Tangible personal property sold for lease or rental (See instructions.)	00	100%
30 Sales of gasoline, diesel, and motor fuel (Sales for resale must be reported on Line 27.)	00	100%
31 Total from SCHEDULE A-1 (Transactions taxed at 0%.)	00	100%
32 Add Lines 15 through 31; enter here and on Line 5.		

33(a) Donation of Vendor's Compensation

33(b) Donation in Addition to Tax Due

The Military Family Assistance Fund Worksheet

00

00

33 Total Donation (Add Lines 33(a) and 33(b)) Enter here and on Line 11(a) on front of return. **33** 00

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature		Date (mm/dd/yyyy)
Print Name	Title	Telephone

PAID PREPARER USE ONLY	Print Preparer's Name	Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name >		Firm's EIN >	
	Firm's Address >		Telephone >	

PTIN, FEIN, or LDR account number of paid preparer

For Office Use Only.



