

Louisiana Department of Revenue
Sales Tax Return

Location address:

ADDRESS
CITY STATE ZIP

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FOR OFFICE USE ONLY. Field flag

ACCOUNT NUMBER

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

M M Y Y

Do not use this form
for filing periods prior
to January 2025.

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
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 (Do not include telecommunication, cable television, or satellite services, which must be filed electronically. Sales of prepaid calling cards and prepaid calling services should be reported on Line 1. See instructions.)
(c) Digital products (See instructions.)
3 Total leases, rentals, taxable services, and digital products (Add Lines 3(a), 3(b), and 3(c).)
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 5%.)
8 Excess tax collected (Do not include local sales tax.)
9 Total (Add Line 7 and Line 8.)
10 Vendor's compensation 0.84% (0.84% of Line 9 if timely paid and filed; limited to \$750; The 0.84% rate is the equivalent of 4 cents out of 5 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 the Louisiana Department of Revenue.

1 00
2 00
3(a) 00
3(b) 00
3(c) 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 First \$150,000 of the sales price of farm equipment (See instructions.)	00	100%	00
16 Sales involved in contracts prior to and within 90 days of a tax levy (See instructions.)	00	11%	00
17 Sales of insulin without a prescription (See instructions.)	00	60%	00
18 Electricity and natural gas or energy for non-residential use (See instructions.)	00	60%	00
19 Steam and bulk or utility water used for non-residential purposes	00	60%	00
20 Boiler fuel for nonresidential use (See instructions.)	00	60%	00
21 Sales of agricultural fencing materials to commercial farmers	00	100%	00
22 Sales to U. S. government and Louisiana state and local government agencies	00	100%	00
23 Sales of prescription drugs	00	100%	00
24 Sales of food for home consumption	00	100%	00
25 Electricity, natural gas, and bulk water for residential use	00	100%	00
26 Sales in interstate commerce	00	100%	00
27 Sales for resale	00	100%	00
28 Sales/purchase/leases/rentals of manufacturing machinery or equipment	00	100%	00
29 Tangible personal property sold for lease or rental (See instructions.)	00	100%	00
30 Sales of gasoline, diesel, and motor fuel (Sales for resale must be reported on Line 27.)	00	100%	00
31 Total from SCHEDULE A-1 (Transactions taxed at 0%)	00	100%	00
32 Add Lines 15 through 31; enter here and on Line 5.			00

33(a) Donation of Vendor's Compensation

33(b) Donation in Addition to Tax Due

The Military Family Assistance Fund Worksheet

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

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



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.

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