

Louisiana Department of Revenue
Sales Tax Return

Location address:

ADDRESS		
CITY	STATE	ZIP

 File online at
revenue.louisiana.gov/fileonline

 ACCOUNT NUMBER

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

Filing period

 U.S. NAICS
 Code

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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

 Mark this box if
 payment made
 electronically.

☐
WEB
PAY THIS AMOUNT. (DO NOT SEND CASH.) ►

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

Taxpayer's FEIN

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Parent Company FEIN

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Final return

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 Enter date
 business
 sold/terminated.

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 If amended return,
 mark this box.

☐

42574

Allowable Deductions – Schedule A

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

42575

Enter your LDR Account Number:

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Schedule A-1: Transactions Subject To 0% Tax		
Description	Sales Tax Exemption Code	Total Sales
1		
2		
3		
4		
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6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21 Add Lines 1 - 20; enter here and on Line 31 of Schedule A under the Total Sales column.		

