



Contract Completion Form

1. Contractor/Subcontractor name _____
2. Mailing address _____
City, State, ZIP _____
3. Representative name _____ Telephone () _____
4. Description and location of facility altered, renovated, or erected

_____ Description (type of building, name, etc.)

_____ Location (street, city, and parish)

Beginning date _____ Ending date _____

5. Original estimated contract amount _____
6. Actual contract amount (if different from Line 5) _____
7. Amount awarded to subcontractors Resident \$ _____
Nonresident \$ _____

Please provide updated list of subcontractors. (See Form R-1130-L, General Contractor/Subcontractor List.)

Sales and Use Tax

8. Construction materials cost (Do not include taxes paid.) _____
- 8a. Cost of materials purchased out of state (Do not include taxes paid.) _____
- 8b. Tax paid to another state on 8a _____
Tax amount _____ Rate _____ State _____
9. Equipment cost (Do not include taxes paid.) _____
- 9a. Cost of equipment purchased out of state (Do not include taxes paid.) _____
- 9b. Tax paid to another state on 9a _____
Tax amount _____ Rate _____ State _____
10. Equipment rentals _____
- 10a. Tax paid to another state on 10 _____
Tax amount _____ Rate _____ State _____
11. Total Louisiana tax (state and local) paid on construction materials, equipment, rentals

12. Total Louisiana state tax paid on construction materials, equipment, rentals

13. Total Louisiana local tax paid on construction materials, equipment, rentals (total of city, parish, police jury, school board, etc.)

14. Amount of tax paid directly to the State of Louisiana _____
Account number _____
15. Amount of tax paid directly to the local taxing authorities (Please identify to whom the tax was paid.)

Authority _____	Account number _____	Amount _____
Authority _____	Account number _____	Amount _____
Authority _____	Account number _____	Amount _____
16. Amount of tax paid to vendors _____
State _____ Local _____

State Income Tax Withholding

17. Gross payroll \$ _____ Louisiana tax withheld \$ _____

If no Louisiana tax withheld, please explain. _____

17a. State income tax withheld

Period (beginning month/year through ending month/year) _____

Account number (10-digit number) _____

Corporation Income Franchise/Individual Income Tax

18. Corporation franchise tax account number _____

18a. Estimated franchise taxable base _____

18b. Income tax account number (if corporation) _____

18c. Social Security Number (if individual) _____

18d. Account name _____

18e. Estimated tax payments _____

18f. Estimated net income from contract _____

Unemployment Insurance Tax

19. Louisiana unemployment insurance account number _____

19a. Federal Identification Number _____

The undersigned certifies that the above is a complete and accurate statement of liabilities incurred and payments made for the Louisiana state and local taxes indicated, pursuant to the contract identified above.

Authorized signature

Date

Notary public

Date