



**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