



Direct Payment Sales Tax Application
R.S. 47:303.1

Email completed application to:
Louisiana Department of Revenue
Revenue Processing Center
Email: DirectPay@la.gov

PLEASE PRINT OR TYPE

Legal Name	Louisiana Sales Tax Account Number	
Trade Name	Location ID (if applicable)	
Mailing Address		
City	State	ZIP
Facility Location Address/Exempt Location Address	Parish of Exempt Location Address	
City	State	ZIP

Check one:

- Manufacturer of tangible personal property for resale with a manufacturing establishment or facility within the state.
- Private, nonprofit, tax-exempt organization as defined under Section 501(c)(3) of the Internal Revenue Code.
- Subsidiary entity of a private, nonprofit, tax-exempt organization as defined under Section 501(c)(3) of the Internal Revenue Code as defined under of LA R.S. 47:303.1(2)(b).

If a manufacturing facility, list the major types of goods manufactured:

Are these goods resold? Yes No If no, please explain: _____

	Year 20_____	Year 20_____	Year 20_____
Total taxable purchases of tangible personal property			
Total taxable leases or rentals of tangible personal property			
Total taxable purchases of services			
Total (must average \$5 million per year or \$10 million per year per statute)			

AUTHORIZATION

I affirm that the information given on this application is true and correct.

Authorized Representative	Title
Signature X	Date (mm/dd/yyyy)