



Direct Payment Sales Tax Application

Louisiana Revised Statute 47:303.1

Mail to:
Louisiana Department of Revenue
Email: DirectPay@la.gov

PLEASE PRINT OR TYPE

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

Mark one or more, as applicable:

- ☐ 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(B)(2)(b).
- ☐ Approved data centers as defined under La. R.S. 47:303.1(B)(5)

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 <i>(must average \$5 million per year or \$10 million per year per statute)</i>			

AUTHORIZATION

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

Authorized Representative	Title
Signature	Date <i>(mm/dd/yyyy)</i>
Authorized Representative's Email Address	