



**Louisiana Association of Independent
Colleges and Universities**
Sales Tax Application/Exemption Certificate
Louisiana Revised Statute 47:305.6(6)

Mail to:
Louisiana Department of Revenue
Taxpayer Compliance Division-SES
P.O. Box 4998
Baton Rouge, LA 70821-4998
Fax: (225)-237-6762
For Questions:
Phone: (855) 307-3893
Email: Sales.inquiries@la.gov

This form is for use by members of the Louisiana Association of Independent Colleges and Universities when applying for exemption from the collection of state sales tax as provided for under La. R.S. 47:305.6(6).

Completed forms should be mailed or faxed to the Louisiana Department of Revenue for approval.

PLEASE PRINT OR TYPE

Applicant (Purchaser) Information		
Name of Institution	LDR Account Number <i>(if applicable)</i>	
Address <i>(number and street or P.O. Box)</i>		
City	State	ZIP

I, the purchaser named above, do hereby certify that all materials, equipment, goods, or services purchased from the seller named below are directly related to the educational mission of the above named member of the Louisiana Association of Independent Colleges and Universities. This exemption certificate is valid for the purchase of materials and supplies, purchases of services such as repair services performed on tangible personal property belonging to the above named institution, and the lease or rental of tangible personal property by the above named institution when used to fulfill the educational mission of the institution.

The purchaser further agrees that any materials, equipment, goods, or services purchased under this exemption certificate and not used or consumed by the member of the Louisiana Association of Independent Colleges and Universities, but subsequently sold at retail to a purchaser, will be deemed taxable and the above named purchaser will collect and remit sales tax to the Louisiana Department of Revenue.

Notice to Dealer: Report this sale on Schedule A-1 of your sales tax return under exemption code 1024.

Seller Information		
Seller		
Address <i>(number and street or P.O. Box)</i>		
City	State	ZIP

Any purchaser who fraudulently signs this certificate without intent to use the property purchased as stated above shall be subject to all penalties provided for by law.

Authorization	
Name	Title
Signature	Date <i>(mm/dd/yyyy)</i>

FOR OFFICIAL USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Expiration Date: _____, 20 ____
Signature of Department Representative	Date <i>(mm/dd/yyyy)</i>