R-5604-B(C) (10/19)

LOUISIANA
DEPARTMENT *of* REVENUE

Tobacco Tax
Schedule of Credits
(for electronic filing only)

Dealer Name _____

Period _____

Address _____

(1)			(2)	(3)	(4)	(5)		(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Invoice						**PM or NPM Product**										
Date	Number	Date rec'd	**Vendor or Vendee**	**Manufacturer**	**Brand**	PM	NPM	**Type of Credit**	**Number of Unstamped Cigarettes**	**Number of Stamped Cigarettes**	**Cigar Mfg.'s list price** (up to $120/M)	**Cigar mfg.'s list price** (over $120/M)	**Smoking tobacco mfg.'s list price**	**Smokeless tobacco mfg.'s list price**	**Vapor products and e-cigarettes** (number of milliliters)	**Other tobacco mfg.'s list price**
						☐	☐				$	$	$	$		
						☐	☐									
						☐	☐									
						☐	☐									
						☐	☐									
						☐	☐									
						☐	☐									
						☐	☐									
						☐	☐									
						☐	☐									
						☐	☐									
								Total Amount Reported			$	$	$	$		$
								Tax Rate		$0.054	.08	.20	.33	.20	$0.05	.20
								Gross Cigarette Tax								
								Less Discount								
								Total Credit Amount		$	$	$	$	$	$	$
										To Line 27	To Line 25a	To Line 25a	To Line 25b	To Line 25c	To Line 25d	To Line 25e

PAID PREPARER USE ONLY	Print Preparer's Name	Preparer's Signature	Date *(mm/dd/yyyy)*	Check ☐ if Self-employed
	Firm's Name ➤		Firm's FEIN ➤	
	Firm's Address ➤		Telephone ➤	

For Office Use Only.

PTIN, FEIN, or LDR Account Number of Paid Preparer