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

LOUISIANA
DEPARTMENT *of* REVENUE

Tobacco Tax
Schedule of Credits
(for electronic filing only)

Dealer Name _____

Period _____

Address _____

(1) Invoice Date	(1) Invoice Number	(1) Invoice Date rec'd	(2) Vendor or Vendee	(3) Manufacturer	(4) Brand	(5) PM or NPM Product PM	(5) PM or NPM Product NPM	(6) Type of Credit	(7) Number of Unstamped Cigarettes	(8) Number of Stamped Cigarettes	(9) Cigar Mfg.'s list price (up to $120/M)	(10) Cigar mfg.'s list price (over $120/M)	(11) Smoking tobacco mfg.'s list price	(12) Smokeless tobacco mfg.'s list price	(13) Vapor products and e-cigarettes (number of milliliters)	(14) 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 ➤	

PTIN, FEIN, or LDR Account Number of Paid Preparer

For Office Use Only. ☐