

LOUISIANA
DEPARTMENT of REVENUE

Timber-Parish
Summary Return (T-1s)

Mail to:
 Louisiana Department of Revenue
 PO Box 201
 Baton Rouge, Louisiana 70821-0201
 (855) 307-3893

- If your name has changed, fill in circle. If amended return, fill in circle. If final return, fill in circle.

FOR OFFICE USE ONLY. Field flag

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Taxable Period _____

Product Code Number	Product Severed	Tons Severed	Tax Rate @ 2 1/4% of Value/Ton	Tax Amount Due
01	Pine logs		\$ 0.72/ton	\$
02	All hardwoods and cypress		\$ 0.78/ton	\$
05	Chip & saw		\$ 0.38/ton	\$

Product Code Number	Product Severed	Tons Severed	Tax Rate at 5% of Value/Ton	Tax Amount Due
03	Pulpwood pine		\$ 0.46/ton	\$
04	Pulpwood hardwoods		\$ 0.42/ton	\$
Make payment to: Louisiana Department of Revenue DO NOT SEND CASH.			Total Tax Due	\$
			Penalty and Interest	\$
			Total Amount Due	\$

CONVERSION FACTORS BOARD FEET (DOYLE SCALE) TO WEIGHT

MBF pine	=	16,000 lbs.	=	8.00 tons
MBF hardwood	=	19,000 lbs.	=	9.50 tons
Cord pine	=	5,400 lbs.	=	2.70 tons
Cord hardwood	=	5,700 lbs.	=	2.85 tons
Cord chip & saw	=	5,400 lbs.	=	2.70 tons

This return is due on or before last day of the month following the taxable period and becomes delinquent on the first day thereafter. If the due date falls on a weekend or legal holiday, the return is due the next business day and becomes delinquent the first day thereafter.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature		Date (mm/dd/yyyy)
Print Name	Title	Telephone

Complete only if change in business status has occurred.

Date business discontinued (mm/dd/yyyy)	Date business sold (mm/dd/yyyy)	Name of purchaser
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PAID PREPARER USE ONLY	Print Preparer's Name	Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> 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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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