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LAFOURCHE PARISH SCHOOL BOARD
 SALES/USE TAX DEPARTMENT
 P.O. BOX 997 - THIBODAUX, LA 70302-0997
 TELEPHONE: (985)446-4023 - FAX (985)446-4027

USE ONLY FOR PERIOD AND LOCATION INDICATED ON FORM

STATE ID # _____ PARISH ID # _____

PERIOD ENDING: _____

TO AVOID PENALTIES, RETURN MUST BE TRANSMITTED ON OR BEFORE THE 20TH DAY FOLLOWING PERIOD COVERED

ROUND ALL NUMBERS SHOWN TO NEAREST DOLLAR	Town of Golden Meadow	City of Thibodaux	Town of Lockport	All Sales in Other Areas of Parish			
				Consolidated District A Road Dists 3, 5 & 6	Road District 2 South of Intracoastal Canal	Road District 2 North of Intracoastal Canal	
01 Gross Sales of Tangible Personal Property, Leases, Rentals & Services <u>ALLOWABLE DEDUCTIONS</u>	01						
02 Sales for Resale	02						
03 Cash Discounts, Returned Merchandise, Allowances	03						
04 Sales Delivered Outside this Jurisdiction	04						
05 Sales of Gasoline and Motor Fuels	05						
06 Sales to Government Agencies	06						
07 USDA Food Stamps or WIC Vouchers Other Deductions Allowed by Law (Itemized)	07						
08 _____	08						
09 _____	09						
10 _____	10						
11 Allowable Deductions (Add Lines 2 thru 10)	11						
12 Adjusted Taxable Sales (Subtract Line 11 from Line 1)	12						
13 Purchases Subject to Use Tax	13						
14 Total Subject to Tax (Add Lines 12 and 13)	14						
TAX RATES		5.2% Includes 1% Levee Tax	4.0%	4.0%	4.7%	5.2% Includes 1% Levee Tax	4.2%
15 Tax Calculated (Multiply Line 14 by tax rate)	15						
16 Excess Tax Collected	16						
17 Sub-total (Add Lines 15 and 16)	17						
18 Vendor's Compensation (1.1% pf Line 17)	18						
19 Net Tax Due (Subtract Line 18 from Line 17)	19						
20 Penalty (5% per month past due to a max of 25%)	20						
21 Interest (1% per month past due)	21						
22 Total Tax, Penalty & Interest (Add Lines 19 thru 21)	22						
23 Tax Debit / Credit	23						
(Authorized Debit must be attached)							
24 TOTAL (Line 22 +/- line 23)	24						
TOTAL REMITTED - (Add all columns, Line 24)							

I declare under the penalties for filing false reports that the return (including any accompanying schedules or statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. If the return is prepared by someone other than the taxpayer, the declaration is based on all the information relating to the matters required to be reported of which he has knowledge.

Signature _____	Date _____	Title _____	Signature of preparer other than taxpayer _____
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Complete if applicable:
 Date Business Closed: _____ or Date Business Sold _____ New Owner's Name _____

- Before mailing this return, please check the following items.
- | | |
|---|--|
| 1. All remittances are payable to Lafourche Parish School Board Sales Tax Dept. | 3. Mail to Sales/Use Tax Dept. Lafourche Parish School Board, PO Box 997, Thibodaux, LA 70302-0997 |
| 2. Both return and check are dated and signed. | 4. Do not use any other taxpayer's return as this will result in improper credit. |

**If assistance is needed, please call
 (985) 446-4023 or fax (985) 446-4027**

FOR OFFICE USE ONLY:
 BILL
 OTHER _____

Returns are due 1st day following close of month sales are made
 Returns are delinquent 21st day following close of month sales are made