

LAFAYETTE PARISH SCHOOL SYSTEM P.O. BOX 52706 LAFAYETTE, LA 70505-2706 OFFICE (337) 232-3912 FAX (337) 521-7356		PERIOD:	FOR USE BEGINNING DECEMBER 1, 2015 - COMPLETE ONLY THOSE COLUMNS IN WHICH TAXABLE ACTIVITY OCCURS							
		Revised 12/1/15 LOCAL RATE \rightarrow	A - (1) - 4%	B - (2) -	C - (3) - 5%	D - (4) - 4.5%	E - (5) - 2.5%	F - (6) - 4%	G - (7) - 5%	
		COMPUTATION OF SALES AND USE TAX	CITY OF LAFAYETTE SCHOOL BOARD	<small>* 1% 1-10 @ MM 101 EDD * DISCONTINUED 8-30-2011 USE COLUMN A-1 TO DECLARE SALES</small>	<small>** 1 - 10 @ MM 103 EDD ** CITY OF LAFAYETTE SCHOOL BOARD</small>	CITY OF BROUSSARD SCHOOL BOARD	CITY OF BROUSSARD WITHIN ST. MARTIN PARISH	CITY OF CARENCRO SCHOOL BOARD	<small>*** 1 - 49 - EDD *** CITY OF CARENCRO SCHOOL BOARD</small>	
		CHECK #								
		CHECK AMOUNT								
		13. Adjusted Gross Sales in Each Jurisdiction <small>(Totals of all columns must equal LINE 12)</small>								
		14. Purchases Subject to Use Tax in Each Jurisdiction								
		15. Total (Line 13 plus Line 14)								
		16. TAX DUE - Multiply (Line 15 X Rate Shown in Reporting Column)								
		16a. Sales of Food for Preparation in the home and Prescription Drugs								
		16b. EXEMPT RATE for Line 16a.	2%	2%		1%	No Food & Drug Deductions	1%	1%	
		16c. Amount of LINE 16a. DEDUCTIBLE (LINE 16a. X 16b.)								
		16d. NET TAX DUE (Line 16 less Line 16c.)								
		17. Excess Tax Collected								
		18. TOTAL (Line 16d. plus Line 17)								
		19. Vendor's Compensation Rate	1%	0.80%		0.44%	0.80%	No Vendors Comp.	0.22%	
		19a. Vendor's Compensation (allowed only when not delinquent)								
		20. Net Tax Due (Line 18 minus Line 19)								
		21. Penalty - 5% per month past due to a max of 25% <small>(Multiply line 20 by applicable penalty rate)</small>								
		22. Interest: 1% per month from due date until paid <small>(Multiply line 20 by applicable interest rate)</small>								
		23. Total Tax, Penalty & Interest Due								
		24. Tax Debit or Credit (Authorized memo must be attached)								
		25. Total Amount Due (Line 23 plus or minus Line 24)								
		FOR USE BEGINNING DECEMBER 1, 2015 - COMPLETE ONLY THOSE COLUMNS IN WHICH TAXABLE ACTIVITY OCCURS								
		Revised 12/1/15 LOCAL RATE \rightarrow	H - (8) - 4%	I - (9) - 2%	J - (10) - 4%	K - (11) - 5%	L - (12) - 5%	M - (13) - 5.50%	N - (14) - 4%	
		COMPUTATION OF SALES AND USE TAX	TOWN OF DUSON SCHOOL BOARD	TOWN OF DUSON WITHIN ACADIA PARISH	CITY OF SCOTT SCHOOL BOARD	<small>**** APOLLO - EDD **** CITY OF SCOTT SCHOOL BOARD</small>	<small># DESTINATION POINT - EDD # CITY OF SCOTT SCHOOL BOARD</small>	CITY OF YOUNGSHVILLE SCHOOL BOARD	<small>(UNINCORPORATED AREA) LAFAYETTE PARISH SHERIFF (LAW ENF.) DIST. SCHOOL BOARD</small>	
		13. Adjusted Gross Sales in Each Jurisdiction <small>(Totals of all columns must equal LINE 12)</small>								
		14. Purchases Subject to Use Tax in Each Jurisdiction								
		15. Total (Line 13 plus Line 14)								
		16. TAX DUE - Multiply (Line 15 X Rate Shown in Reporting Column)								
		16a. Sales of Food for Preparation in the home and Prescription Drugs								
		16b. EXEMPT RATE for Line 16a.	1%	Food and Drug Deductions	1%	1%	1%	1%	1%	
		16c. Amount of LINE 16a. DEDUCTIBLE (LINE 16a. X 16b.)								
		16d. NET TAX DUE (Line 16 less Line 16c.)								
		17. Excess Tax Collected								
		18. TOTAL (Line 16d. plus Line 17)								
		19. Vendor's Compensation Rate	1%	2%	No Vendors Comp.	0.20%	0.20%	No Vendors Comp.	1%	
		19a. Vendor's Compensation (allowed only when not delinquent)								
		20. Net Tax Due (Line 18 minus Line 19)								
		21. Penalty - 5% per month past due to a max of 25% <small>(Multiply line 20 by applicable penalty rate)</small>								
		22. Interest: 1% per month from due date until paid <small>(Multiply line 20 by applicable interest rate)</small>								
		23. Total Tax, Penalty & Interest Due								
		24. Tax Debit or Credit (Authorized memo must be attached)								
		25. Total Amount Due (Line 23 plus or minus Line 24)								
		26. Totals of Columns 1 thru 14	(Have you used the proper columns?)				TOTAL REMITTANCE		OFFICE USE ONLY	
							\$			
		AUTHORIZED SIGNATURE	TITLE							
		DATE:	PHONE NO. & EXT. OF PREPARER:		CONFIRMATION #					
					STATE TAX I.D. #					

SALES TAX INFO: www.laota.com OR ipssonline.com

(ALL)
Correspondence and Account changes mail to:
P.O. BOX 3883
LAFAYETTE, LA 70502-3883

NO STAPLES or PAPER CLIPS

 To avoid penalties, your envelope must have an official postmark dated on or before the 20th following the period covered by the return.

 If the 20th falls on a weekend, the report due date is extended through the next work day.

Date Business Sold **Name & Address of Purchaser**

Date Business Discontinued **Business Location Change**

Business Name Change **Mailing Address Change**

WARNING
 DO NOT use any other Taxpayer's report as this will result in improper credit.
 DO NOT ignore delinquent notices - Negligent penalties may be imposed.

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