

**Jefferson Parish Sheriff's Office**  
 Bureau of Revenue and Taxation  
 Sales Tax Division  
 P. O. Box 248, Gretna, LA 70054

**Sales Tax**  
 Delinquent on the 20th

Account No.

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Location  
 Address

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Business Name and Mailing Address

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Year: Year of Collection  
 Filing: M = Month  
 Q = Quarter  
 S = Semi-Annual

Period: 01-12  
 Period: 01-04  
 Period: 01-02

Year				Filing		Period			

**Important** - Use this form for the period and location shown above. Use black or blue ink and keep print in the boxes. You must submit an original return, photocopies will not be accepted. To avoid penalty and interest, return this form with remittance no later than the 20th of the month following the reporting period. For assistance call 504-363-5710.

State Tax Identification Number

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- Amended Return**  
Fill Circle
- Business Closed**  
Attach letter showing date

(See Instructions on Reverse Side)

01 Gross Sales of Tangible Personal Property, Leases, Rentals, and Services	01	
<b>Allowable Deductions</b>		
02 Sales for Resale or Further Processing (Valid resale certificates on file)	02	
03 Cash Discounts, Returned Merchandise	03	
04 Sales Delivered or Shipped Outside Jefferson Parish (Not applied to repairs)	04	
05 Sales of Gasoline and Motor Fuels	05	
06 Sales to U.S. Government, State of Louisiana and its Political Subdivisions	06	
07 Sales of Food Paid for with USDA Food Stamps or WIC Vouchers	07	
<b>Other Deductions Allowed by Law (explain briefly)</b>		
08	08	
09	09	
10	10	
11 Total Allowable Deductions (Add Line 2 through Line 10)	11	
12 Adjusted Gross Sales (Line 1 minus Line 11)	12	

**\*\*NOTICE\*\***

**COLUMN 1: General Sales In The Corporate Limits Of The City of Harahan**

**COLUMN 2: Food & Prescription Drug Sales In The Corporate Limits Of The City of Harahan**

**COLUMN 3: General Sales In All Other Areas Of Jefferson Parish**

**COLUMN 4: Food & Prescription Drug Sales In All Other Areas of Jefferson Parish**

**Make checks payable to:  
 SHERIFF AND TAX COLLECTOR,  
 JEFFERSON PARISH**

Computation of Taxes		City of Harahan	City of Harahan	All Other Areas	All Other Areas
		General Sales 5.55%	Food & Drug Sales 4.30%	General Sales 4.75%	Food & Drug Sales 3.50%
13 Taxable Sales in Each Jurisdiction (Total of all columns must equal Line 12)	13				
14 Purchases Subject to Use Tax in Each Jurisdiction	14				
15 Total Subject to Tax (Line 13 plus Line 14)	15				
16 Tax Calculations (Multiply Line 15 by % shown at top of Column)	16				
17 Excess Tax Collected	17				
18 Total Tax Due (Line 16 plus Line 17)	18				
19 Vendor's Compensation (1% of Line 18, Deductible if not delinquent)	19				
20 Net Tax Due (Line 18 minus Line 19)	20				
21 Penalty (5% of tax for each 30 days or fraction thereof, 25% maximum)	21				
22 Interest (1% from due date until paid)	22				
23 Total Tax, Penalty and Interest Due (Add Line 20 through Line 22)	23				
24 Tax Debit or Credit (Authorized memo must be attached)	24				
25 Total Amount Due (Line 23 plus or minus Line 24)	25				
26 Total Amount Remitted (Total of Line 25 Columns 1, 2, 3, and 4)	26				

Check Number:

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 a true, correct and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all information relating to the matters required to be reported in the return of which he has any knowledge.

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

Date	Signature	Title	Signature of Preparer if Other Than Taxpayer
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