

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	


State Tax Identification Number

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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.

- 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		 Make checks payable to: SHERIFF AND TAX COLLECTOR, JEFFERSON PARISH
Allowable Deductions			
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		
Other Deductions Allowed by Law (explain briefly)			
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		
Computation of Taxes		Hotel/Motel Sales 3.75%	General Sales 4.75%
13 Taxable Sales (Total of all columns must equal Line 12)	13		
14 Purchases Subject to Use Tax	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 and 2)	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