

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.

--	--	--	--	--	--	--	--	--	--

Location
 Address

--	--	--	--	--	--	--	--	--	--

Business Name and Mailing Address

--

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

--	--	--	--	--	--	--	--	--	--	--	--

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

(See Instructions on Reverse Side)

Occupancy Tax West Bank

Pursuant to Jefferson Parish Code of Ordinances, Chapter 35, Article VII, Section 35-200, which levies a two percent hotel occupancy tax on the paid occupancy of hotel rooms located within the west bank of the parish.

This tax return shall be filed in addition to your regular sales/use tax return.



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

Computation of Taxes

**Occupancy Tax
 West Bank
 2.00%**

01 Gross Paid Occupancy of Sleeping Rooms	01	
16 Tax Calculations (Multiply Line 1 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 (Same as Line 25)	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
------	-----------	-------	----------------------------------------------