

**Sales Tax**  
 Delinquent on the 20th

Account No.

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

Location  
 Address

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

Business Name and Mailing Address

--

Year: Year of Collection  
 Filing: M = Month      Period: 01-12  
           Q = Quarter      Period: 01-04  
           S = Semi-Annual    Period: 01-02

Year				Filing		Period			

State Tax Identification Number

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


**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.

01	Gross Sales of Tangible Personal Property, Leases, Rentals and Services (See instructions on Reverse Side)	01	
 <p style="text-align: center;"><b>Make checks payable to                  SHERIFF AND TAX COLLECTOR,                  JEFFERSON PARISH</b></p>	<b>D E D U C T I O N S</b>	Sales for Resale	02
		Cash Discounts: Returned Merchandise	03
		Sales Delivered Outside this Jurisdiction	04
		Sales of Gasoline and Motor Fuels	05
		Sales to Government Agencies	06
		USDA Food Stamps or WIC Vouchers	07
		Other Deductions Allowed by Law (Itemize)	08
			09
			10
		11	Total Allowable Deductions (Line 2 thru Line 10)
12	Adjusted Gross Sales (Line 1 minus Line 11)	12	
13	Taxable Sales	Column 1	Column 2
		Hotel/Motel Sales	General Sales
		Column 1 <b>3.75 %</b> Hotel/Motel	Column 2 <b>4.75 %</b> General
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 (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% for each 30 Days or Fraction thereof not to exceed 25%)		21
22	Interest (1% from due date until paid)		22
23	Total Tax, Penalty, and Interest Due (Line 20 thru Line 22)		23
24	Tax Debit or Credit (Authorized Memo Must Be Attached)		24
25	Total (Line 23 plus or minus Line 24)		25
26	Total to be Remitted (Column 1 plus Column 2)		26

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 the information relating to the matters required to be reported in the return of which he has any knowledge.

Date	Signature	Title	Preparer Signature