

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 Period: 01-12
 Q = Quarter Period: 01-04
 S = Semi-Annual 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.

01 Gross Sales of Tangible Personal Property, Leases, Rentals and Services (See instructions on Reverse Side)		01	
 <p style="text-align: center;">Make checks payable to SHERIFF AND TAX COLLECTOR, JEFFERSON PARISH</p>	DEDUCTIONS	02 Sales for Resale	
		03 Cash Discounts: Returned Merchandise	
		04 Sales Delivered Outside this Jurisdiction	
		05 Sales of Gasoline and Motor Fuels	
		06 Sales to Government Agencies	
		07 USDA Food Stamps or WIC Vouchers	
		08 Other Deductions Allowed by Law (Itemize)	
		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 3.5 % Food & Drug Column 2 4.75 % General	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 (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
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