

IBERIA PARISH SCHOOL BOARD
SALES & USE TAX DEPT.
P.O. BOX 9770 * NEW IBERIA, LA 70562-9770
Phone: (337) 365-2341 * Fax: (337) 365-6584
SALES TAX INFO: WWW.LATAXONLINE.ORG

To file and pay online:
www.SalesTaxOnline.com
or
parish-revenue@louisiana.gov

Account # _____

MONTH: _____

Date Business Discontinued	Date Business Sold	Name of Purchaser
Business Location Change	Mailing Address Change	Change in Name of Business

COMPLETE ONLY COLUMNS IN WHICH TAXABLE ACTIVITY OCCURS

COMPUTATION OF SALES AND USE TAX											
1. ADJUSTED GROSS SALES IN EACH JURISDICTION	A. 5.00%	B. 4.50%	C. 3.75%	D. 4.25%	E. 3.25%	F. 4.25%	G. 5.25%	K. 5.75%	L. 5.75%	M. 5.50%	
2. SALES FOR RESALE OR FURTHER PROCESSING (CERTIFICATE ON FILE)											
3. CASH DISCOUNTS, SALES RETURNS AND ALLOWANCES											
4. SALES DELIVERED OR SHIPPED OUTSIDE THIS JURISDICTION (DOES NOT APPLY TO REPAIRS)											
5. SALES OF GASOLINE AND MOTOR FUELS											
6. SALES TO THE US GOVT., THE STATE OF LA, ITS POLITICAL SUBDIVISIONS AND AGENCIES											
7. PURCHASES PAID WITH FOOD STAMPS OR WIC VOUCHERS											
Other Deductions Authorized by Law (Explain Briefly)											
8.											
9.											
10.											
11. TOTAL ALLOWABLE DEDUCTIONS (LINE 2 THROUGH LINE 10)	11.										
12. ADJUSTED GROSS SALES (LINE 1 MINUS LINE 11)											
13. ADJUSTED GROSS SALES IN EACH JURISDICTION											
14. PURCHASES SUBJECT TO USE TAX											
15. TOTAL (LINE 13 PLUS LINE 14)											
16. TAX DUE MULTIPLY LINE 15 BY % SHOWN IN PROPER COLUMN											
17. EXCESS TAX COLLECTED											
18. TOTAL (LINE 16 PLUS LINE 17)											
19. VENDORS COMPENSATION % OF LINE 18											
20. NET TAX DUE (LINE 18 MINUS LINE 19)											
21. DELINQUENT DELINQUENCY NOT TO EXCEED 25% IN THE SUPPLEMENT											
22. INTEREST - 1.25% PER MONTH (DAILY RATE OF 0.00411 FROM DUE DATE)											
23. TOTAL TAX, PENALTY AND INTEREST DUE											
24. TAX DEBIT OR CREDIT (AUTHORIZED REFUND MUST BE ATTACHED)											
25. TOTAL AMOUNT DUE (LINE 23 PLUS OR MINUS LINE 24)											

AUDITED BY _____

TOTAL OF COLUMNS A + B + C + D + E + F + G + K + L + M
DISHONORED CHECK CHARGE - 1% OF THE CHECK OR \$20 - WHICHEVER IS GREATER

TOTAL REMITTED
\$ _____

Signature of Individual or Agent _____

Date _____

State Tax ID# _____