

SABINE PARISH SALES AND USE TAX COMMISSION

P.O. BOX 249, MANY, LA 71449

www.lataonline.org

SALES AND USE TAX REPORT

TAXPAYER'S NUMBER

Office Use Only

Month of: _____
Frequency: _____

Phone (318) 256-6219
Fax (318) 256-9794

State Tax ID: _____

PLEASE INDICATE ANY CHANGES BELOW:

FINAL RETURN CLOSED DATE: ____/____/____

NAME OF NEW OWNER: _____ EMAIL: _____

COMMENTS: _____

1. Gross Sales of Tangible Personal Property, Leases, Rentals and Services as Reported to the State of Louisiana. (Before Taxes)		
ALLOWABLE DEDUCTIONS		
2. Sales for Resale or Further Processing (Certificate on File)		
3. Cash Discounts, Sales Returns & Allowances		
4. Sales Delivered or Shipped outside Sabine Parish		
5. Sales of Gasoline and Motor Fuels		
6. Sales to the U.S. Gov't, the State of LA, its Political Subdivisions & Agencies		
7. Sales of Food Paid for with USDA Food Stamps or WIC Vouchers		
OTHER DEDUCTIONS AUTHORIZED BY LAW (EXPLAIN BRIEFLY)		
8.		
9.		
10.		
11. Total Allowable Deductions (Line 2 through 10)		
12. Adjusted Gross Sales (Line 1 minus Line 11)		

COMPLETE ONLY THOSE COLUMNS IN WHICH TAXABLE ACTIVITY OCCURS

	A Many	A-1 School Dist. #34	B School Dist. #2	C Zwolle	D Converse	E Florien	F Pleasant Hill
COMPUTATION OF SALES AND USE TAX	5.625%	4.625%	4.625%	6.625%	5.625%	5.625%	5.625%
13. Adjusted gross sales in each jurisdiction (Total of columns must equal line 12).							
14. Purchases subject to use tax in each jurisdiction.							
15. Total (Line 13 plus 14).							
16. Tax Due (Multiply Line 15 by % shown in column).							
17. Excess Tax Collected							
18. Total (Line 16 plus 17)							
19. Vendor's Compensation (1% of Line 18 - Deductible only when payment is not delinquent).							
20. Net Tax Due (Line 18 minus Line 19).							
21. Delinquent Penalty 5% of Tax for each 30 Days or Fraction thereof of Delinquency, Not to exceed 25%.							
22. Interest 1% per month Calculated from Date Due until Paid.							
23. Total Tax, Penalty and Interest Due							
24. Tax Debit or Credit (Authorized Memo Must be Attached).							
25. Total Amount Due (Line 23 plus or minus Line 24).							

Signature of Owner or Agent _____

Date _____

Total Remittance _____

Phone _____

Check Number _____