

<b>LAFAYETTE PARISH SCHOOL SYSTEM</b> P.O. BOX 52706 LAFAYETTE, LA 70505-2706 OFFICE (337) 521-7353		<b>Period:</b>	<b>FOR USE BEGINNING JANUARY 1, 2024 - COMPLETE ONLY THOSE COLUMNS IN WHICH TAXABLE ACTIVITY OCCURS</b>										
			Revised 1/1/2024 LOCAL RATE →	<b>A - (1) - 4%</b>	<b>B - (2) - 5.5%</b>	<b>C - (3) - 5%</b>	<b>D - (4) - 4.5%</b>	<b>E - (5) - 2.5%</b>	<b>F - (6) - 5%</b>	<b>G - (7) - 6%</b>	<b>H - (8) - 5%</b>	<b>I - (9) - 3%</b>	<b>J - (10) - 5%</b>
		<b>CHECK #</b>	<b>COMPUTATION OF SALES AND USE TAX</b>										
		<b>CHECK AMOUNT</b>	CITY OF LAFAYETTE SCHOOL BOARD	** EDD-BROUSSARD AMBASSADOR CAFFERY EXTENSION SUB-DISTRICT NO. 1 ** CITY OF BROUSSARD SCHOOL BOARD	* I - 10 @ MM 103 EDD * CITY OF LAFAYETTE SCHOOL BOARD	CITY OF BROUSSARD SCHOOL BOARD	CITY OF BROUSSARD WITHIN ST. MARTIN PARISH	CITY OF CARENCRO SCHOOL BOARD	*** I - 49 - EDD *** CITY OF CARENCRO SCHOOL BOARD	TOWN OF DUSON SCHOOL BOAD	TOWN OF DUSON WITHIN ACADIA PARISH	CITY OF SCOTT SCHOOL BOARD	
			13. Adjusted Gross Sales in Each Jurisdiction <small>(Totals of all columns must equal LINE 12)</small>										
			14. Purchases Subject to Use Tax in Each Jurisdiction										
1. Gross Sales of Tangible Personal Property, Leases, Rentals & Services Reported to the State of Louisiana		\$	15. Total (Line 13 plus Line 14)										
<b>ALLOWABLE DEDUCTIONS</b>			16. TAX DUE - Multiply (Line 15 X Rate Shown in Reporting Column)										
2. Sales for Resale			16a. Sales of Food for Preparation in the home and Prescription Drugs					No			No		
3. Cash Discounts, Sales Returns & Allowances			16b. EXEMPT RATE for Line 16a.	2%	1%	2%	1%	Food & Drug	1%	1%	1%	Food & Drug	
4. Sales Delivered Outside This Jurisdiction			16c. Amount of LINE 16a. DEDUCTIBLE (LINE 16a. X 16b.)					Deductions			Deductions		
5. Sales of Gasoline and Motor Fuels			16d. NET TAX DUE (Line 16 less Line 16c.)										
6. Sales to the U.S. Government and State of Louisiana			17. Excess Tax Collected										
7. Sales of food paid with (USDA) stamps or WIC vouchers			18. TOTAL (Line 16d. plus Line 17)										
<b>OTHER DEDUCTIONS AUTHORIZED BY LAW (explain)</b>			19. Vendor's Compensation Rate	1%	No Vendors Comp.	0.80%	No Vendors Comp.	No Vendors Comp.	No Vendors Comp.	No Vendors Comp.	1%	1.67%	
8			19a. Vendor's Compensation (allowed only when not delinquent)		No Vendors Comp.		No Vendors Comp.	No Vendors Comp.	No Vendors Comp.	No Vendors Comp.		No Vendors Comp.	
9			20. Net Tax Due (Line 18 minus Line 19)										
10			21. Penalty - 5% per month past due to a max of 25% <small>(Multiply line 20 by applicable penalty rate)</small>										
11. Total allowable deductions (Lines 2 thru 10)			22. Interest: 1% per month from due date until paid <small>(Multiply line 20 by applicable interest rate)</small>										
12. Adjusted gross sales (Line 1 minus 11)			23. Total Tax, Penalty & Interest Due										
<b>MAKE ALL REMITTANCES PAYABLE TO</b> →		<b>LAFAYETTE PARISH SCHOOL SYSTEM</b> <b>SALES TAX DIVISION</b> <b>P.O. BOX 52706</b> <b>LAFAYETTE, LA 70505-2706</b>											
		<b>FOR USE BEGINNING JANUARY 1, 2024 - COMPLETE ONLY THOSE COLUMNS IN WHICH TAXABLE ACTIVITY OCCURS</b>											
SALES TAX INFO: www.laota.com OR lpsonline.com  <b>(ALL)</b> <b>Correspondence and Account changes mail to:</b> <b>P.O. BOX 3883</b> <b>LAFAYETTE, LA 70502-3883</b>		Revised 1/1/2024 LOCAL RATE →	<b>K - (11) - 6%</b>	<b>L - (12) - 6%</b>	<b>M - (13) - 5.50%</b>	<b>N - (14) - 4%</b>	<b>O - (15) - 5%</b>	<b>P - (16) - 5%</b>	<b>Q - (17) - 5%</b>	<b>R - (18) - 5%</b>	<b>S - (19) - 6%</b>	<b>T - (20)</b>	
		<b>COMPUTATION OF SALES AND USE TAX</b>		***APOLLO - EDD*** CITY OF SCOTT SCHOOL BOARD	# DESTINATION POINTE - EDD # CITY OF SCOTT SCHOOL BOARD	CITY OF YOUNGSVILLE SCHOOL BOARD	(UNINCORPORATED AREA) LAFAYETTE PARISH SHERIFF (LAW ENF.) DIST. SCHOOL BOARD	DOWNTOWN EDD CITY OF LAFAYETTE & SCHOOL BOARD	UNIVERSITY GATEWAY EDD CITY OF LAFAYETTE & SCHOOL BOARD	NORTHWAY EDD CITY OF LAFAYETTE & SCHOOL BOARD	HOLY ROSARY EDD CITY OF LAFAYETTE & SCHOOL BOARD	TRAPPEY EDD CITY OF LAFAYETTE & SCHOOL BOARD	
			13. Adjusted Gross Sales in Each Jurisdiction <small>(Totals of all columns must equal LINE 12)</small>										
			14. Purchases Subject to Use Tax in Each Jurisdiction										
			15. Total (Line 13 plus Line 14)										
			16. TAX DUE - Multiply (Line 15 X Rate Shown in Reporting Column)										
			16a. Sales of Food for Preparation in the home and Prescription Drugs										
			16b. EXEMPT RATE for Line 16a.	1%	1%	1%	1%	2%	2%	2%	2%	2%	
			16c. Amount of LINE 16a. DEDUCTIBLE (LINE 16a. X 16b.)										
			16d. NET TAX DUE (Line 16 less Line 16c.)										
			17. Excess Tax Collected										
			18. TOTAL (Line 16d. plus Line 17)										
			19. Vendor's Compensation Rate	No Vendors Comp.	No Vendors Comp.	No Vendors Comp.	0.50%	0.80%	0.80%	0.80%	0.80%	0.67%	
			19a. Vendor's Compensation (allowed only when not delinquent)			No Vendors Comp.							
			20. Net Tax Due (Line 18 minus Line 19)										
			21. Penalty - 5% per month past due to a max of 25% <small>(Multiply line 20 by applicable penalty rate)</small>										
			22. Interest: 1% per month from due date until paid <small>(Multiply line 20 by applicable interest rate)</small>										
			23. Total Tax, Penalty & Interest Due										
			24. Tax Debit or Credit (Authorized memo must be attached)										
			25. Total Amount Due (Line 23 plus or minus Line 24)										
<b>WARNING</b>													
DO NOT use any other Taxpayer's report as this will result in improper credit. DO NOT ignore delinquent notices - Negligent penalties may be imposed.													
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 true correct and complete. 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 on the return of which he has any knowledge.													
<b>26. Totals of Columns 1 thru 19 (Have you used the proper columns?)</b>		<b>OFFICE USE ONLY:</b>											
AUTHORIZED SIGNATURE _____ TITLE _____													
DATE: _____ PHONE NO. & EXT. OF PREPARER: _____		CONFIRMATION # _____		STATE TAX I.D. # _____									