

**LAFAYETTE PARISH SCHOOL SYSTEM
SALES TAX DIVISION**

**P. O. BOX 3883
LAFAYETTE, LA 70502-3883
(337) 521-7353**

**City of Scott
HOTEL - MOTEL TAX REPORT**

FOR THE MONTH OF:

REGISTRATION NUMBER: _____

NAME OF VENDOR: _____

1. GROSS RENTALS		1	
2. LESS ALLOWABLE DEDUCTIONS			
A. ROOMS RENTED FOR LESS THAN \$3.00 PER DAY	A		
B. ROOMS RENTED TO GOVERNMENT ENTITY	B		
C. OTHER, PLEASE EXPLAIN	C		
TOTAL DEDUCTIONS		2	
3. AMOUNT TAXABLE		3	
4. TOTAL AMOUNT OF TAX DUE (9% OF ITEM 3)		4	
5		5	
6. DELINQUENT PENALTY	5% OF TAX FOR EACH 30 DAYS OR FRACTION THEREOF; NOT TO EXCEED 25% IN THE AGGREGATE	6	
7. INTEREST	1% PER MONTH, FROM DUE DATE UNTIL PAID	7	
8. TOTAL TAX, PENALTY, & INTEREST	MAKE ALL REMITTANCES PAYABLE TO: LAFAYETTE PARISH SCHOOL SYSTEMS - SALES TAX DIVISION DO NOT INCLUDE WITH SALES TAX PAYMENT - PLEASE ISSUE SEPARATE PAYMENT	8	

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.

WARNING: DO NOT USE ANY OTHER TAXPAYER'S RETURN AS THIS WILL RESULT IN IMPROPER CREDIT.

TO AVOID PENALTIES TRANSMIT THIS RETURN ON OR BEFORE THE 20TH OF EACH MONTH FOLLOWING THE PERIOD COVERED.	DATE:	SIGNATURE:
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