Month:

Business Name:

| 1 | Gross sales of tangible personal property, leases, | rentals and | |] | | | | | | |
|-----------|--|--|----------------------------|--|-----------------------------|--|--------------------------|--|--------------------------|-------------------------------------|
| | services as reported to the State of Louisiana | | | | | | | | | nces payable to: Ih School Board |
| 2 | Sales for Resale | | - | | Check if a Final Return 🗆 | | Date Closed: | | Sales Tax Division | |
| 3 | Cash Discounts, Sales returns and allowances | | - | | Comments | | | | P O Box 1508 | |
| 4 | Sales Delivered or shipped outside of Vermilion Parish | | - | | | | | | Abbeville, LA 70511 | |
| 5 | Sales of gasoline and motor Fuels | | - | | | | | | | |
| 6 | Sales to U.S. Govt. and State of Louisiana | | - | | | | | | | |
| | Other deductions authorized by law (explain briefly) | | | | | | | | | he 1st day of the month |
| 7 | | | - | | | | | following the period covered by this return and becomes DELINQUENT on the 21th day. To avoid penalties, your envelope must have an | | |
| 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 completed | | | | | official postmark date | d on or before the 20th |
| 9 | | | - | return. If the return is prepared by a person other than this tapayer, his declaration is a bac, torne and compared return. If the return is prepared by a person other than this tapayere, 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. | | | | | following the period o | overed by the return. |
| 10 | | | - | | | | , moniougo. | | | |
| 11 | Total Allowable Deductions (lines 2 thru 10) | | - | | | | | | | |
| 12 | Adjusted Gross Sales (line 1 minus line 11) | | - | - State ID # | | Signature: | | | | |
| | | - | | | _ | - | - | - | _ | - |
| | Complete Schedule A only if the sale/use of Prescription Drugs & Qualifying Medical Devices (R.S.47:305 2(A) OR | A School Board | A1 Hospital District #1 | A2 Hospital District #2 | B Gueydan | C Kaplan | D Abbeville | Erath | F Delcambre | G Maurice |
| | Sales/Use of Manufacturing Machinery & Equipment (R.S.47:305.5) applies to your company. Otherwise skip | Police Jury Sheriff's Dept | Parish & Outside Kaplan | Parish & Outside Abbeville | & Parish | Parish & Hosp Dist #1 | Parish & Hosp Dist #2 | Parish & Hosp Dist #2 | Parish & Hosp Dist #2 | Parish & Hosp Dist #2 |
| | to Line 13. Enter your Adjusted Gross Sales on Line 13. Enter Purchases Subject to Use Tax on Line 14. | 5700 3.75% | 5707 4.75% | 5708 4.25% | 5706 4.75% | 5704 5.75% | 5701 6.00% | 5703 5.25% | 5702 6.25% | 5705 5.75% |
| | | | | | | | | | | |
| | Schedule A - Requirement of R.S. 47:305(G) - report Sales of Prescription Drugs & Qualifying Medical Devices - R.S. | orting requirement as p | per Act 11 of the 2024 Thi | rd Extraordinary Session | of the Louisiana Legislatur | e | | | | |
| A1 | 47:305.2(A) | | | | | | | | | |
| A2 | | | | | | | | | | |
| A3 | All Other Taxable Sales Purchases of Prescription Drugs & Qualifying Medical Devices - R.S. | | | | | | | | | |
| A4 | 47:305.2(A) | | | | | | | | | |
| A5 | Purchases of Manufacturing Machinery & Equipment - R.S. 47:305.5 All Other Taxable Purchases | | | | | | | | | |
| AU | All Other Taxable Purchases | | | | | | | | | |
| 13 | Adjusted Gross Sales (Line A1+A2+A3) | | | | | | | | | |
| 14 | Purchases Subject to Use Tax (Line A4+A5+A6) | | | | | | | | | |
| 15 | Total (lines 13 + 14) | | | | | | | | | |
| 16 | Tax (Line 15 * applicable tax rate) | | | | | | | | | |
| 17 | Excess Tax Collected | | | | | | | | | |
| 18 | Total (lines 16 + 17) | | | | | | | | | |
| 19 19a | Vendor's Comp Rate VC (if not Deliq) (Lines 18*19) | Vendor's Co | mpensation h | as been repe | aled by Act 11 | of the 2024 T | hird Extraordi | nary Session o | of the Louisian | a Legislature. |
| 20 | Tax Due (line 18) | | | | | | | | | |
| 21 | Delinquent Penalty (5% of tax for each 30 days or fraction thereof. 25% max) | | | | | | | | | |
| 22 | Interest (1% per month from due date until pd) | | | | | | | | | |
| 23 | Total lines 18 + 21 + 22 | | | | | | | | | |
| 24 | Debit or Credit (Authorized memo must be attached) | | | | | | | | | |
| 25 | Total (lines 23 + 24) | | | | | | | | | |
| 26 | Total Remitted (Total of Line 25 Columns, A, A1, A | Total Remitted (Total of Line 25 Columns, A, A1, A2, B, C, D, E, F, & G) | | | File online at: | le online at: http://parishe-file.revenue.louisiana.gov or www.salestaxonlin | | | | |

Vermilion Parish Sales and Use Tax Report

Notes: Report all Hotel/Motel sales in Column H on Separate Hotel/Motel Tax Report form in addition to respective columns (A-G)