

**West Feliciana Parish**  
**Sales and Use Tax Collector**  
**P O Box 1910**  
**St. Francisville, LA 70775**  
**Phone: (225) 635-4989**

**SALES AND USE TAX REPORT**

<b>TAXPAYERS NUMBER</b>

Month of : \_\_\_\_\_

Freq : \_\_\_\_\_

1. Gross sales of tangible personal property, leases, rentals and services as reported to the State of Louisiana. (Before Taxes)	
<b>ALLOWABLE DEDUCTIONS</b>	
2. Sales for resale or further processing (Certificate of File).	
3. Cash discounts, sales returns and allowances.	
4. Sales delivered or shipped outside this jurisdiction (Does not include repairs).	
5. Sales of gasoline and motor fuels.	
6. Sales to U.S. Government, State of La , its political subdivisions and agencies.	
7. Purchases paid with Food Stamps of WIC vouchers.	
8. _____	
9. _____	
10. _____	
11. Total allowable deductions (Line 2 thru 10).	
12. Adjusted Gross Sales (line 1 minus 11).	

State Tax ID \_\_\_\_\_

PLEASE INDICATE ANY CHANGES BELOW

DATE OUT OF BUSINESS \_\_\_/\_\_\_/\_\_\_

DATE BUSINESS SOLD \_\_\_/\_\_\_/\_\_\_

NAME OF NEW OWNER \_\_\_\_\_

Email \_\_\_\_\_

TO AVOID PENALTIES BE SURE THAT YOU TRANSMIT THIS RETURN ON OR BEFORE THE 20TH OF EACH MONTH FOLLOWING THE PERIOD COVERED. \*\* WARNING: DO NOT USE ANY OTHER TAXPAYER'S RETURN AS THIS MAY RESULT IN THE IMPROPER POSITING OF YOUR PAYMENT

COMPLETE ONLY THOSE COLUMNS IN WHICH TAXABLE ACTIVITY OCCURS

COMPUTATION OF SALES AND USE TAX	COLUMN A St. Francisville Inside Town Limits 5.50 %	COLUMN B West Feliciana Parish 5.0 %
	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 (line13 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 (0 % of line 18. Deductible only when payment is not delinquent).		
20. Net tax due (Line 18 minus Line 19).		
21. Delinquency Penalty 5% of tax for each 30 days or fraction thereof delinquency not to exceed 25%		
22. Interest ( 12% Annual Rate)		
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).		

Date \_\_\_\_\_ Total Remittance \_\_\_\_\_

Phone \_\_\_\_\_ Check Number \_\_\_\_\_

Signature of Owner or Agent \_\_\_\_\_

**27. Taxable Drug Sales**  
**28. Taxable MME Sales**
