

Make Remittance Payable to:
 Parish of Caldwell
 P.O. Box 280 Vidalia, LA 71373

Phone: (318) 336-6235 Fax: (318)336-1549
 Email: salestax@cpsbla.us

Business Name		LOCAL TAX RATE	A-5.00%	B-5.00%	C-5.00%	
Caldwell Parish Account Number		*13a-c and 14a-c added as required by Act 11 of the 2024 Third Extraordinary Session of the Louisiana State Legislature. Acceptance of return is contingent on completion of these lines.	1000	1001	1002	
This return is due the month following the period covered by this return and be-DUE on the 1st day of the month following the period covered by this return and becomes DELINQUENT if not post-marked on or before the 20th day.	File Period Month/Year		Parish	Columbia	Grayson	
Total Remitted		13 Adjusted Gross Sales (Total of Lines 13a-c)				
Greater of 1% ofr \$20.00 will be charged on all NSF Payments.		13a. Sales of Prescription Drugs & Qualifying Medical Devices - R.S. 47:305.2(A)				
1. Gross Sales of Tangible Personal Property, Leases, Rentals & Services as Reported to the State of LA.		13b. Sales of Manufacturing Machinery & Equipment - R.S. 47:305.5				
ALLOWABLE DEDUCTIONS		13c. All Other Taxable Sales				
2. Sales for Resale/Further Processing		14 Purchases Subject to Use Tax (Totals of Lines 14a-c)				
3. Cash Discounts, Sales Returns & Allowances		14a. Purchases of Prescription Drugs & Qualifying Medical Devices - R.S. 47:305.2(A)				
4. Sales Delivered/Shipped Outside of Parish		14b. Purchases of Manufacturing Machinery & Equipment - R.S. 47:305.5				
5. Sales of Gasoline and Motor Fuels		14c. All Other Purchases Subject to Use Tax				
6. Sales to the U.S. Government and State of LA		15 TOTAL (Line 13 + Line 14)				
7. Sales of Food Paid With SNAP or WIC Vouchers		16 16. TAX DUE (Line 15 x Percentage)				
OTHER DEDUCTIONS AUTHORIZED BY LAW (Explain Briefly)		17 17. Excess Tax Collected				
8		18 18. TOTAL (Line 16 + Line 17)				
9		19 Vendors Compensation has been repealed by Act 11, 2024 3rd Extraordinary Session of LA Legislator				
10		20				
11. Total Allowable Deductions (Lines 2 through 10)		21 DELINQUENT PENALTY (See Instructions)				
12. Adjusted Gross Sales (Line 1 minus Line 11)		22 INTEREST (See Instructions)				
STATUS CHANGE		23 TOTAL TAX, PENALTY, and INTEREST DUE				
Date Business Closed PLEASE MARK IF LAST RETURN		24 TOTAL DEBIT OR CREDIT (Authorized memo must be attached)				
Name/Address of Purchaser		25 TOTAL AMOUNT DUE (Line 23 + or - Line 24)				
New Mailing Address		26 REMITTANCE ATTACHED (TOTAL OF ALL COLUMNS)				
New Location Address		AUTHORIZED SIGNATURE	TITLE	CONTACT NUMBER		

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

