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	+	_	
24. Tax Debit of Credit (Authorized Wemb Wust Be Attached)	+	_	
25. TOTAL AMOUNT DUE (LINE 23 PLUS OR MINUS LINE 24)	+	-	
25. TOTAL AMOUNT DUE (LINE 23 PLUS OR MINUS LINE 24) 26. Amount Remitted	+		
	+	_	
27. Sales of Prescription Drugs & Pharmaceutical Devices	+	_	
28. Sales of Manufacturing Machinery & Equipment	_		
I declare under penalties for filing false reports that this return and attachments Signature of Taxpayer Signature of Preparer other than Taxpayer			
has been examined by me and to the best of my knowledge & belief is a correct	~ 1 - 2 -		
and complete return. If prepared by a person other than the taxpayer, his			
declaration is based on all information relating to matters required to be reported Date Reviewed By Contact Phone # State Sales Tax Identification Number		_	
in the return of which he is knowledgeable.			
FREQUENCY			
WARNING! MONTH ENDING Final Return Make Remittance Payable To:			
DO NOT USE ANY OTHER TAX- ACCOUNT NO.: MOREHOUSE SALES/USE TAX COMMIS	2ION	NI I	
	אטוכ		
PAYERS RETURN AS THIS WILL P.O. BOX 672			
RESULT IN IMPROPER CREDIT ACCOUNT NAME: Bastrop, LA 71221-0672			