

Sales and Use Tax Report

Effective for filings for the period of 07/2025 and beyond

PARISH OF EAST FELICIANA
SALES AND USE TAX DEPARTMENT
P.O. BOX 397
CLINTON, LA 70722

To avoid penalties be sure that you transmit this return on or before the 20th of each month following the period covered.

Parish Tax ID Number: _____

Vendor Name: _____

Address: _____

City, State, Zip: _____

BUSINESS NUMBERS
225-683-8277 - PHONE
225-683-3320 - FAX

THIS RETURN IS DUE ON THE 1ST DAY OF THE MONTH FOLLOWING PERIOD COVERED BY THE RETURN AND BECOMES DELINQUENT ON 21ST DAY

Period Covered: _____, 20____ Filing Frequency: _____ Final Return? ____ Closed Date: _____

1. Gross sales of tangible personal property, leases, rentals, and services as reported to the State of Louisiana	\$	
ALLOWABLE DEDUCTIONS		
2. Sales for resale		
3. Cash discounts, sales returns & allowances		
4. Sales delivered or shipped outside this jurisdiction		
5. Sales of gasoline and motor fuels		
6. Sales to U.S. Gov't., State of LA & its political subdivisions and agencies		
7. Food paid for with USDA food stamps or WIC vouchers		
8.		
9.		
10.		
11. Total allowable deductions (line 2 through 10)		
12. Adjusted gross sales (Line 1 minus 11)		
COMPUTATION OF SALES AND USE TAX	5% Parish (Column A)	6% Town of Slaughter (Column B)
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 (Line 13 plus 14)		
16. Tax (5% of Line 15 = Col A, 6% of Line 15 = Col B)		
17. Excess tax collected.		
18. Total (Line 16 plus line 17)		
19. Vendor's Compensation (2% of line 18 effective 7/1/2025 in accordance with parish ordinance)		
20. Net tax due (line 18 minus line 19)		
21. Delinquent Penalty (5% of tax for each 30 days or fraction there of delinquency not to exceed 25% in the aggregate)		
22. Interest (1% per month from due date until paid)		
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)		
26. REMITTANCE ATTACHED (TOTALS OF ALL COLUMNS)	\$	
27. Sales of Prescription Drugs & Qualifying Medical Devices – R.S. 47:305.2(A)		
28. Sales of Manufacturing Machinery & Equipment – R.S. 47:305.5		

I declare under 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 matter required to be reported in the return of which he has any knowledge.

Date: _____ Authorized Signature: _____

MAKE YOUR REMITTANCE ON ONE CHECK PAYABLE TO EAST FELICIANA PARISH SALES TAX FUND