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

TAXPAYERS NUMBER

Month of : _____

Freq :

1. Gross sales of tangible personal property, leases, rentals and services as reported to the State of Louisiana. (Before Taxes)	
ALLOWABLE DEDUCTIONS	
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 4.50 %
13. Adjusted gross sales in each jurisdicition (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 (1.1 % 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 faction 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 _____

Signature of Owner or Agent _____

Phone _____ Check Number _____

27. Taxable Drug Sales		
28. Taxable MME Sales		