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**LAFOURCHE PARISH SCHOOL BOARD
SALES/USE TAX DEPARTMENT
P.O. BOX 997 - THIBODAUX, LA 70302-0997
TELEPHONE: (985)446-4023 - FAX (985)446-4027**

USE ONLY FOR PERIOD AND LOCATION INDICATED ON FORM

STATE ID # _____ PARISH ID # _____
PERIOD _____ FILING _____
ENDING: _____ STATUS: _____

TO AVOID PENALTIES, RETURN MUST BE TRANSMITTED ON OR BEFORE THE 20TH DAY FOLLOWING PERIOD COVERED

ROUND ALL NUMBERS SHOWN TO NEAREST DOLLAR	Town of Golden Meadow	City of Thibodaux	Town of Lockport	All Sales in Other Areas of Parish		
				Consolidated District A Road Dists 3, 5 & 6	Road District 2 South of Intracoastal Canal	Road District 2 North of Intracoastal Canal
01 Gross Sales of Tangible Personal Property, Leases, Rentals & Services <u>ALLOWABLE DEDUCTIONS</u>	01					
02 Sales for Resale	02					
03 Cash Discounts, Returned Merchandise, Allowances	03					
04 Sales Delivered Outside this Jurisdiction	04					
05 Sales of Gasoline and Motor Fuels	05					
06 Sales to Government Agencies	06					
07 USDA Food Stamps or WIC Vouchers Other Deductions Allowed by Law (Itemized)	07					
08 _____	08					
09 _____	09					
10 _____	10					
11 Allowable Deductions (Add Lines 2 thru 10)	11					
12 Adjusted Taxable Sales (Subtract Line 11 from Line 1)	12					
13 Purchases Subject to Use Tax	13					
14 Total Subject to Tax (Add Lines 12 and 13)	14					
TAX RATES		5.2% Includes 1% Levee Tax	4.0%	4.7%	4.7%	5.2% Includes 1% Levee Tax
15 Tax Calculated (Multiply Line 14 by tax rate)	15					
16 Excess Tax Collected	16					
17 Sub-total (Add Lines 15 and 16)	17					
18 Vendor's Compensation (1.1% pf Line 17)	18					
19 Net Tax Due (Subtract Line 18 from Line 17)	19					
20 Penalty (5% per month past due to a max of 25%)	20					
21 Interest (1% per month past due)	21					
22 Total Tax, Penalty & Interest (Add Lines 19 thru 21)	22					
23 Tax Debit / Credit (Authorized Debit must be attached)	23					
24 TOTAL (Line 22 +/- line 23)	24					
TOTAL REMITTED - (Add all columns, Line 24)						

I declare under the penalties for filing false reports that the return (including any accompanying schedules or 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 someone other than the taxpayer, the declaration is based on all the information relating to the matters required to be reported of which he has knowledge.

Signature	Date	Title	Signature of preparer other than taxpayer
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Complete if applicable:
Date Business Closed: _____ or Date Business Sold _____ New Owner's Name _____

- Before mailing this return, please check the following items.
- | | |
|---|--|
| 1. All remittances are payable to Lafourche Parish School Board Sales Tax Dept. | 3. Mail to Sales/Use Tax Dept. Lafourche Parish School Board, PO Box 997, Thibodaux, LA 70302-0997 |
| 2. Both return and check are dated and signed. | 4. Do not use any other taxpayer's return as this will result in improper credit. |

**If assistance is needed, please call
(985) 446-4023 or fax (985) 446-4027**

FOR OFFICE USE ONLY:
 BILL
 OTHER _____

Returns are due 1st day following close of month sales are made
Returns are delinquent 21st day following close of month sales are made