SALES AND USE TAX REPORT

WEST FELICIANA PARISH
SALES AND USE TAX COLLECTOR
Post Office Box 1910
St. Francisville, Louisiana 70775
(225) 635-3891

SALES FOR: Mo. __________________________ Yr. __________________

*THE SUPERINTENDENT OF SCHOOLS FOR WEST FELICIANA PARISH IS THE SINGLE SALES TAX COLLECTOR FOR WEST FELICIANA PARISH SCHOOL BOARD, WEST FELICIANA PARISH POLICE JURY, AND TOWN OF ST. FRANCISVILLE.

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<th>ST. FRANCISVILLE</th>
<th>WEST FELICIANA PARISH</th>
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<tr>
<td></td>
<td>INSIDE TOWN LIMITS</td>
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<tr>
<td><strong>A</strong></td>
<td>5.0%</td>
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**COMPUTATION OF SALES TAX AND USE TAX**

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 United States Government, State of Louisiana, its Political Subdivisions & Agencies

   Other Deductions Authorized by Law (explain Briefly)

7. Food paid for with U.S.D.A. Food Stamps or WIC Vouchers

8.

9.

10.

11. TOTAL ALLOWABLE DEDUCTIONS (line 2 thru 10)

12. ADJUSTED GROSS SALES (line 1 minus line 11)

13.

14. Purchases Subject to Use Tax in Each Jurisdiction

15. TOTAL (line 12 plus line 14)

16. TAX (line 15 X percent at top of columns)

17. Excess Tax Collected

18. TOTAL (line 16 plus line 17)

19. Vendors Compensation (1.1% of line 18-deductible only when payment is not Delinquent)

20. NET TAX DUE (line 18 minus line 19)

21. DELINQUENT PENALTY (5% of tax for each 30 days or fraction thereof delinquency, not to exceed 25% in aggregate)

22. INTEREST ____________________ (ANNUAL RATE)

23. TOTAL TAX, PENALTY AND INTEREST DUE

24. TAX DEBIT OR CREDIT

25. TOTAL AMOUNT DUE (line 23 plus or minus line 24)

26. TOTAL REMITTANCE

   (Line 25, Columns A & B)

   MAKE REMITTANCE PAYABLE TO:

   WEST FELICIANA PARISH
   SALES TAX COLLECTOR

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 POSTING OF YOUR PAYMENT

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 A TRUE, CORRECT AND COMPLETE RETURN. IF THE RETURN IS PREPARED BY A PERSON OTHER THAN THE TAXPAYER, HIS DECLARATION IS BASED ON ALL INFORMATION RELATING TO THE MATTERS REQUIRED TO BE REPORTED IN THE RETURN OF WHICH HE HAS ANY KNOWLEDGE.

SIGNATURE OF INDIVIDUAL OR AGENT

PHONE

SIGNATURE OF PREPARER

PHONE

DATE

STATE TAX I.D. NUMBER

PLEASE INDICATE ANY CHANGES BELOW

DATE OUT OF BUSINESS

DATE BUSINESS SOLD

NAME OF NEW OWNER

ORIGINAL