# MANAGE YOUR STATE SALES TAX FOR FREE

FAST.
EASY.
SECURE.

Ready to sign up for LaTap? Visit LaTap.Revenue.Louisiana.Gov to get started.



### WHY SHOULD YOU USE LATAP



# STAY UP TO DATE ON TAX RATES

Faster and Easier than a paper return and its free



#### **ACH DEBIT**

Make ACH debit or credit card payments online



#### **PROCESS RETURNS FASTER**

Receive immediate confirmation for all transactions; returns processed within 24-48 hours



#### **ACCOUNT ACCESS**

Access to your account 24/7; option to schedule payments at your convenience





## Louisiana Department of Revenue Sales Tax Return

Location address:



DFFICE USE ONLY. Field flag

Do not use this form for filing periods prior to August 2020.

Filing period

1	Gross sales of tangible personal property1											
2	Cost of tangible personal property (Used, consumed, or stored for use or consumption in Louisiana.)											00
3	Leases, rentals, and services (Do not include motor vehicle leases or rentals, which must be filed electronically. See instructions.)											
4	Total (Add Lines 1 through 3.)											
5	<b>Total allowable deductions</b> (From Line 34, Schedule A. Do not include as a deduction any item not reported on Lines 1 through 3.)											00
6	Amount taxable (Subtract Line 5 from Line 4.)											00
7	Tax due (Multiply amount on Line 6 by 4.45%.)											00
8	Excess tax collected (Do not include local sales tax.)											00
9	Total (Add Line 7 and Line 8.)9											
10	Vendor's compensation (0.944% of Line 9 if not delinquent. Limited to \$1500. See instructions for additional information.)											00
11	Gross tax due (Subtract Line 10 from Line 9.)											00
12	THIS LINE INTENTIONALLY LEFT BLANK		0	0	0	0	0	0	0	0	0	00
13	Net tax due (Same as Line 11.)											
13A	Donation to The Louisiana Military Family Assistance Fund (Enter the amount from Line 35 from the back of the return.)											00
14	Penalty (See instructions.)											00
15	Interest (See instructions.)											
16	Total payment due (Add Lines 13, 13A, 14, and 15.)  Mark this box if payment made electronically.  PAY THIS AMOUNT (DO NOT 25H)											
WE	PAY THIS AMOUNT (DO NOT SEND CASH.) ► 16											1.1
	location must register to Taxpayer's FEIN ate Revenue Account ID.	Parent	Cor	npar	ny FE	ΞIN						
	Final Enter date business return sold/terminated	If ame				n,				4	- 102	<del></del> 23

	29 (8/20) Dwable Dedi	uctions – Sch	nedule A		Total Sa	iles		Percent Exempt						
17		ommunication serv			,			22.472%						
18	Interstate telec	ommunication serv	vices		<u>;</u>			44.944%				<u></u>		
19	Prepaid telepho	one cards			<u> </u>			22.472%		Ţ,		<u> </u>		
20	Electricity and r	natural gas or enerç	gy for non-		<u>;                                    </u>			55.056%		Ţ,				
21	Steam and bulk residential purp	or utility water us	sed for non-		<u>;                                    </u>			55.056%						
22	Boiler fuel for r (See instructions	nonresidential use			;			55.056%						
23	Sales/purchase	/leases/rentals of or equipment	manufactur-		<u>;</u>			100%		<u> </u>				
24		overnment and Lo			<u>;                                    </u>			100%						
25	Sales of prescr	iption drugs			<u>;                                    </u>			100%				<u> </u>		
26	Sales of food fo	or home consumpt	tion		<u>;                                    </u>			100%		<u> </u>		<u> </u>		
27	Electricity, naturesidential use	ıral gas, and bulk	water for		<u>;                                    </u>			100%		Ţ,				
28	Sales in interst	ate commerce			<u> </u>			100%		Ţ,				
29	Sales for resale	•			<u> </u>			100%		Ţ,				
30	Cash discounts allowances	s, sales returns an	d		<u> </u>			100%		Ţ,				
31	Tangible perso rental (See instr	nal property sold fuctions.)	or lease or		, III			100%				Í		
32	-	ne, diesel, and mo			<u> </u>			100%				Ţ		
33	Total from SCH (Transactions ta				<u> </u>			100%		Ţ,		<u> </u>		
34	Add Lines 17 th	nrough 33; enter h	ere and on Line	e 5.		,								
The	Military Family	35A Donatio	n of Vendor's (	Compensatio	on	35B Donation	in Add	ition to Tax	Due					
	stance Fund ksheet			_ 00			$+\bot$							
35 T	otal Donation (Add	d Lines 35A and 35E	3) Enter here and	d on Line 13A	A on front of retu	rn				35		Т		
												-7		
		perjury, I declare the correct, and com												
Sig	nature									Date (mm	/dd/yyyy)			
Prir	nt Name				Title					Telephon	е			
	PAID	Print Preparer's N	ame		Preparer's Si	ignature			Date (m	nm/dd/yyyy)			eck [] i	
	REPARER	Firm's Name			-				F	irm's EIN ➤				
U	USE ONLY Firm's Address ➤					T	elephone >							
			·		'						,			
V	VEE	5												
					DTIN FFIN	or LDB accour			_	or Office				



number of paid preparer

Use Only.



Enter your Louisiana Revenue Account Number:	
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Schedule A-1: Transactions Subject To 0% Tax								
Description	Sales Tax Exemption Code	Total Sales						
1		00						
2		00						
3		00						
4		00						
5		00						
6		00						
7		00						
8		00						
9		00						
10		00						
11		00						
12		00						
13		00						
14		00						
15		00						
16		00						
17		00						
18		00						
19		00						
20		00						
21 Add Lines 1 - 20; enter here and on Line 33 of Schedule A, under	er the Total Sales column.	00						



