Please paperclip attachments here.

R-1029 (7/10)

Louisiana Department of Revenue
Sales Tax Return

Location address:

Address

City | State | ZIP

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☐ If address is different from that shown, mark here and make corrections in area provided on back.

Account Number

Name(1)

Name(2)

Address(1)

Address(2)

City | State | ZIP

Do not use this form for filing periods prior to July 2010.

Filing period mm/yy

U.S. NAICS Code

Please use blue or black ink.

Round to the nearest dollar. Do not use dashes.

1	**Gross sales of tangible personal property**	1
2	**Cost of tangible personal property** (Used, consumed, or stored for use or consumption, or purchased or imported to be sold in coin-operated vending machines)	2
3	**Leases, rentals, and services** (Do not include motor vehicle leases or rentals, which must be filed electronically. See instructions.)	3
4	**Total** (Add Lines 1 through 3.)	4
5	**Total allowable deductions** (From Line 34, Schedule A. Do not include as a deduction any item not reported on Lines 1 through 3.)	5
6	**Amount taxable** (Subtract Line 5 from Line 4.)	6
7	**Tax due** (Multiply amount on Line 6 by 4%.)	7
8	**Excess tax collected** (Do not include local sales tax.)	8
9	**Total** (Add Line 7 and Line 8.)	9
10	**Vendor's compensation** (1.1% of Line 9, if payment not delinquent)	10
11	**Gross tax due** (Subtract Line 10 from Line 9.)	11
12A	**Register reprogramming credit** (Actual programming costs, not to exceed $25 per register - invoices must be attached)	12A
13	**Net tax due** (Subtract Line 12A from Line 11. If Line 12A exceeds Line 11, please see instructions.)	13
13A	**Donation to The Louisiana Military Family Assistance Fund** (Enter the amount from Line 35 from the back of the return.)	13A
14	**Penalty** (See instructions.)	14
15	**Interest** (See instructions.)	15
16	**Total payment due** (Add Lines 13, 13A, 14, and 15.) Make payment to: Louisiana Department of Revenue. ☐ Mark this box if payment made electronically. **PAY THIS AMOUNT (DO NOT SEND CASH.)** ▶	16
17	**Overpayment to be refunded** (Add Lines 11 and 13A and subtract Line 12A. Do not claim a credit for this overpayment on any other return.) If final or amended return, mark boxes on back of this form.	17

SPEC CODE

4010

Allowable Deductions – Schedule A

		Total Sales	% Exemption		
18	Intrastate telecommunication services (Do not include prepaid telephone cards.)		25%	18	, , . 00
19	Interstate telecommunication services		50%	19	, , . 00
20A	Electricity and natural gas or energy for non-residential use		100%	20A	, , . 00
20B	Steam and bulk or utility water used for other than residential purposes		100%	20B	, , . 00
20C	Other transactions subject to 1% tax including sales of coal, lignite and nuclear fuel.		75%	20C	, , . 00
21	Prepaid telephone cards		25%	21	, , . 00
22	Sales/purchases/leases/rentals of manufacturing machinery or equipment		100%	22	, , . 00
23	Sales to loggers and paper and wood manufacturers (see instructions)		25%	23	, , . 00
24	Sales Tax Holiday sales		100%	24	, , . 00
25	Tangible personal property sold for lease or rental (See instructions.)		100%	25	, , . 00
26	Sales to U.S. government and Louisiana state and local government agencies		100%	26	, , . 00
27	Prescription drugs and medical properties		100%	27	, , . 00
28	Sales of food for home consumption		100%	28	, , . 00
29	Electricity, natural gas, bulk water, and all other fuels for residential use		100%	29	, , . 00
30	Sales in interstate commerce and repairs delivered to another state		100%	30	, , . 00
31	Sales for resale		100%	31	, , . 00
32	Cash discounts, sales returns, and allowances		100%	32	, , . 00
33	Other totally tax-exempt sales (Explain.) (Do not include bad debt write-offs from prior period sales.) _____		100%	33	, , . 00
34	Add Lines 18 through 33; enter here and on Line 5.			34	, , . 00

The Military Family Assistance Fund Worksheet

35A Donation of Vendor's Compensation	35B Donation in Addition to Tax Due	35C Donation of Refund
, . 00	, . 00	, . 00

35 Total Donation (Add Lines 35A, 35B, and 35C.) Enter here and on Line 13A on front of return. ..... **35** , . 00

Complete applicable lines **for address changes only**:

New **mailing** address _____ City _____ State _____ ZIP _____

New **location** address _____ City _____ State _____ ZIP _____

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature _____ Date _____ Telephone ( ) _____

ID number of preparer

Preparer signature _____

Louisiana Department of Revenue • Post Office Box 3138 • Baton Rouge, LA 70821-3138

This return is due on or before the 20th day following the taxable period covered and becomes delinquent on the first day thereafter. If the due date falls on a weekend or holiday, the return is due the next business day and becomes delinquent the first day thereafter.

Each physical location must register to obtain a separate Revenue Account ID.

FOR OFFICE USE ONLY. Field flag

Final return

Enter date business sold/terminated.

If amended return, mark this box.

4011