R-1029 (7/15)

Louisiana Department of Revenue Sales Tax Return

Location address:



FOR OFFICE USE ONLY. Field flag

Do not use this form for filing periods prior to July 2015.

Filing period

	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 property1	00				
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)	, , , , , , , , , , , , , , , , , , , ,				
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	Total allowable deductions (From Line 34, Schedule A. Do not include as a deduction any item not reported on Lines 1 through 3.)	, , , , , , , , , , , , , , , , , , , ,				
6	Amount taxable (Subtract Line 5 from Line 4.)	, , , , , , , , , , , , , , , , , , , ,				
7	Tax due (Multiply amount on Line 6 by 4%.)	, , , , , , , , , , , , , , , , , , , ,				
8	Excess tax collected (Do not include local sales tax.)	, , , , , , , , , , , , , , , , , , , ,				
9	Total (Add Line 7 and Line 8.)9					
10	Vendor's compensation (.935% of Line 9 if not delinquent)	, , , , , , , , , , , , , , , , , , , ,				
11	Gross tax due (Subtract Line 10 from Line 9.)					
12A	Register reprogramming credit (Actual programming costs, not to exceed \$25 per register - invoices must be attached)	, , , , , , , , , , , , , , , , , , , ,				
13	Net tax due (Subtract Line 12A from Line 11. If Line 12A exceeds Line 11, please see instructions.)	, , , , , , , , , , , , , , , , , , , ,				
13A	Donation to The Louisiana Military Family Assistance Fund (Enter the amount from Line 35 from the back of the return.)	, , , , , , , , , , , , , , , , , , , ,				
14	Penalty (See instructions.)	, , , , , , , , , , , , , , , , , , , ,				
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 SEND CASH.) ▶ 16	, , , , , , , , , , , , , , , , , , , ,				
17	Overpayment to be refunded	, , , , , , , , , , , , , , , , , , , ,				







R-1029 (7/15) Allowable Deductions – Schedule A	Total Sa	% ales Exemption	n				
18 Intrastate telecommunication services (Do not include prepaid telephone cards.)		25%	18		\square , \square	П.	
19 Interstate telecommunication services		50%	19		\square	Π.	
20A Electricity and natural gas or energy for non-residential use		75%	20A	П , П	\square , \square		
20B Steam and bulk or utility water used for other than residential purposes		75%	20В	, <u> </u>	\square , \square		
20c All other transactions subject to 1% (See instructions.)		75%	20C	, <u> </u>	\square , \square		
20D Boiler fuel, except natural gas, for nonresidential use (See instructions.)		50%	20D	, <u> </u>	\square , \square		
21 Prepaid telephone cards		25%	21	<u> </u>	\square , \square		
22 Sales/purchases/leases/rentals of manufacturing machinery or equipment		100%	22	<u> </u>	\square , \square		
23 Sales of gasoline, diesel, and motor fuel (Sales for resale must be reported on Line 31.)		100%	23	<u> </u>	\square , \square		
24 Sales Tax Holiday sales		100%	24	\square , \square	\square , \square		
25 Tangible personal property sold for lease or rental (See instructions.)		100%	25	, <u> </u>	\square , \square		
26 Sales to U.S. government and Louisiana state and local government agencies		100%	26	, <u> </u>	\square , \square		
27 Prescription drugs and medical properties		100%	27	, <u> </u>	\square , \square		
28 Sales of food for home consumption		100%	28	, <u> </u>	\square , \square		
29 Electricity, natural gas, bulk water, and all other fuels for residential use		100%	29	, <u> </u>	\square , \square		
30 Sales in interstate commerce and repairs delivered to another state		100%	30	, <u> </u>	\square , \square		
31 Sales for resale		100%	31	, <u> </u>	\square , \square		
32 Cash discounts, sales returns, and allowances		100%	32	, <u> </u>	\square , \square		
33 Other totally tax-exempt sales (Explain.) (Do not include bad debt write-offs from prior period sales.)		100%	33	, <u> </u>	\square , \square		
34 Add Lines 18 through 33; enter here and on Lin	ie 5.		34	, <u> </u>	\square , \square		
35A Donation of Vendor's	Compensation	35B Donation in Ad	dition to Tax Du	ıe 35C E	Oonation of Refun	d	
The Military Family Assistance Fund Worksheet	. 00				\square , \square		
35 Total Donation (Add Lines 35A, 35B, and 35C.) Enter	here and on Line 13/	A on front of return		35	\square , \square		
Under the penalties of perjury, I declare that I have is true, correct, and complete.	examined this retu	rn, including all accom	panying docum	nents, and to the b	est of my knowle	dge and be	lief, it
Signature		Da	ate	Telepho	ne ()		
ID number of preparer		reparer signature					
	nent of Revenue • taxable period covere	Post Office Box 3138 and becomes delinque	Baton Rouge	e, LA 70821-3138	3		oliday,
Each physical location must register to obtain a separate Revenue Account ID.	Taxpay	rer's FEIN		Parent Company F	EIN	WE	ΞВ
Final return	Enter date business sold/terminated.			If amended returnmark this box.	rn,	4513	}