

This report DUE on the 1st day of month following period covered by the report, and becomes DELINQUENT ON 21ST DAY

REMIT TO:  
**IBERVILLE PARISH SALES TAX DEPARTMENT**  
 P.O. Box 355  
 Plaquemine, LA. 70765-0355  
**SALES & USE TAX REPORT**  
 Ph. (225) 687-5200 Fax (225) 687-5226  
 www.ibervilleparish.com

State Tax ID# \_\_\_\_\_  
 Postmark Date: \_\_\_\_\_  
 (FOR OFFICE USE ONLY)

Account No. \_\_\_\_\_

Tax report for the month of \_\_\_\_\_

S	SALES and USE TAX	COL. A (4.666%)	COL. B (5.000%)
		Iberville Parish Not in St. Gabriel	Iberville Parish Within St. Gabriel
S1.	Gross sales of tangible personal property, leases, rentals, & retail services as reported to the state of Louisiana		
** ALLOWABLE DEDUCTIONS **			
S2.	Sales for Resale		
S3.	Cash Discounts / Sales Returns / Allowances		
S4.	Sales delivered / shipped outside Iberville Parish		
S5.	Sales of gasoline / motor fuel		
S6.	Government sales - U.S. / Louisiana / Iberville Parish / Governmental Agencies		
** OTHER AUTHORIZED DEDUCTIONS (Explain) **			
S7.	Food paid for with USDA Food Stamps or WIC Vouchers		
S10.	OTHER - Please Specify		
S11.	TOTAL DEDUCTIONS (Add Lines S2 thru S10)		
*** COMPUTATION OF TAX ***			
S12.	ADJUSTED GROSS SALES (Line S1 minus Line S11)		
S13.	Purchases Subject to Use Tax		
S14.	TOTAL SALES subject to Sales & Use Tax (Line S12 + Line S13)		
S15.	TAX - Col. A - 4.666% x Line S14: Col. B - 5.000% x Line S14		
S16.	Tax payable for purchases subject to other tax rates \$ _____ @ _____ % tax rate		
S17.	Excess Tax Collected		
S18.	TOTAL TAX COLLECTED (Line S15 + Line S16 + Line S17)		
S19.	Vendor's compensation if not delinquent (1.5% of S18)		
S20.	NET TAX PAYABLE (Line S18 minus Line S19)		
S21.	PENALTIES (Delinquent after 20th - S20 x 5% per month, not to exceed 25% in the aggregate)		
S22.	NEGLIGENT PENALTY (S20 x 5% of taxes due or \$10.00, whichever is greater)		
S23.	INTEREST (Line S20 x 1.25% per month from Due Date)		
S24.	TOTAL - Tax, Penalty, Negligent Penalty & Interest (S20, S21, S22 & S23)		
S25.	TAX DEBIT OR CREDIT (authorized memo must be attached)		
S26.	TOTAL AMOUNT DUE		
<b>TOTAL TO REMIT (Total of Columns A &amp; B)</b>			

CREDIT BALANCE CANNOT BE REPORTED ON THIS FORM. CONTACT OFFICE FOR FURTHER INSTRUCTIONS.

To avoid penalties, REPORT must be filed with remittance on or before the 20th of the month following the period covered. DO NOT use any other taxpayer's REPORT, as this may result in the improper posting of your payment. NO REPORTS WILL BE ACCEPTED UNLESS SIGNED BY TAXPAYER OR AUTHORIZED AGENT. I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

**TO AVOID PENALTIES REPORT SHOULD BE RECEIVED ON OR BEFORE THE 20th DAY FOLLOWING THE PERIOD COVERED**

DATE	SIGN HERE	SIGNATURE OF PREPARER OTHER THAN TAXPAYER	REMITTANCE COPY PLEASE RETURN
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**Note: If this business is closed or sold, taxpayer shall complete a final report and remit payment within 15 days of closing and indicate in writing that the business is closed.**