

**Sales and Use Tax Report**

Parish of Caldwell  
Sales and Use Tax Department

**TO FILE AND PAY ONLINE:**  
[www.ParishEFile.com](http://www.ParishEFile.com)  
[www.SalesTaxOnline.com](http://www.SalesTaxOnline.com)

|                        |
|------------------------|
| PARISH TAX ACCOUNT NO. |
|------------------------|

Caldwell Parish School Board  
Caldwell Hospital District #1  
Caldwell Parish Police Jury  
Town of Columbia  
Caldwell PPJ Main & Oper Tax

To avoid penalties be sure that you transmit this return on or before the 20th of each month following the period covered.

**THIS RETURN DUE ON THE 1st DAY OF THE MONTH FOLLOWING PERIOD COVERED BY THE RETURN AND BECOMES DELINQUENT ON THE 21st DAY.**

|                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------|--|
| 1. Gross sales of tangible personal property, leases, rentals and services as reported to the State of Louisiana. |  |
| <b>SCHEDULE "A" ALLOWABLE DEDUCTIONS</b>                                                                          |  |
| 2. Sales for resale.                                                                                              |  |
| 3. Cash discounts, sales returns, & allowances.                                                                   |  |
| 4. Sales delivered or shipped outside this parish.                                                                |  |
| 5. Sales of gasoline and motor fuels.                                                                             |  |
| 6. Sales to U.S. Gov't., State of LA & its political subdivisions & agencies.                                     |  |
| 7. Food paid for with USDA food stamps or WIC vouchers.                                                           |  |
| <b>OTHER DEDUCTIONS AUTHORIZED BY LAW (Explain briefly)</b>                                                       |  |
| 8.                                                                                                                |  |
| 9.                                                                                                                |  |
| 10.                                                                                                               |  |
| 11. Total allowable deductions (Line 2 thru 10).                                                                  |  |
| 12. Adjusted gross sales (Line 1 minus 11).                                                                       |  |

PERIOD COVERED \_\_\_\_\_

| PLEASE INDICATE ANY CHANGES BELOW |                    |
|-----------------------------------|--------------------|
| Date Out-of-Business              | Date Business Sold |
| Name of New Owner                 |                    |
| Loc. Address Chg:                 |                    |
| Mail Address Chg:                 |                    |

| COMPUTATION OF SALES AND USE TAX                                                                                     |                               | Please Use the proper column(s) |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|--|--|--|--|
| A: Sales Outside Columbia<br>B: Sales Inside Columbia                                                                | A<br>PARISH<br>Sales<br>5.00% | B<br>COLUMBIA<br>Sales<br>5.00% |  |  |  |  |
| 13. Adjusted gross sales in each jurisdiction.                                                                       |                               |                                 |  |  |  |  |
| 14. Purchases subject to use tax in each jurisdiction.                                                               |                               |                                 |  |  |  |  |
| 15. Total (Line 13 plus 14)                                                                                          |                               |                                 |  |  |  |  |
| 16. Tax(Rates per above X line 15)                                                                                   |                               |                                 |  |  |  |  |
| 17. Excess tax collected.                                                                                            |                               |                                 |  |  |  |  |
| 18. Total (Line 16 plus line 17)                                                                                     |                               |                                 |  |  |  |  |
| 19. Vendor's compensation ( 2.0% 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 the aggregate |                               |                                 |  |  |  |  |
| 22. Interest ( 1.25% per mo. From due date until paid )                                                              |                               |                                 |  |  |  |  |
| 23. Total tax, penalty and interest due.                                                                             |                               |                                 |  |  |  |  |
| 24. Tax debit or credit (Authorized memo must be attached)                                                           |                               |                                 |  |  |  |  |
| 25. Total amount due (Line 23 plus or minus line 24)                                                                 |                               |                                 |  |  |  |  |
| 26. REMITTANCE ATTACHED (TOTALS OF ALL COLUMNS)                                                                      |                               |                                 |  |  |  |  |

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 true, correct, and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has any knowledge.

|                            |
|----------------------------|
| LA. TAX IDENTIFICATION NO. |
|----------------------------|

**WARNING: DO NOT USE ANY OTHER TAXPAYER'S RETURN AS THIS WILL RESULT IN IMPROPER CREDIT**

| DATE | AUTHORIZED SIGNATURE | REVIEWED BY |
|------|----------------------|-------------|
|      |                      |             |

**MAKE YOUR REMITTANCE ON ONE CHECK PAYABLE TO:**

Parish of Caldwell Sales Tax Fund  
P.O. Box 280  
Vidalia, LA 71373

BUSINESS LOCATION  
FOR TAXPAYER ASSISTANCE CALL:  
318-336-6235  
800-826-2732  
318-336-9978 FAX