

This report is DUE on the 1st day of the 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

Check #: _____
 Postmark Date: _____
 Receipt #: _____
 Receipt Date: _____
 (FOR OFFICE USE ONLY)

Tax Report for the Period _____

(Do Not use any other taxpayer's return as this may result in improper credit.)

1. GROSS SALES OF TANGIBLE PERSONAL PROPERTY, LEASES, RENTALS, AND SERVICES		
SCHEDULE "A" ALLOWABLE DEDUCTIONS		
2. SALES FOR RESALE OR FURTHER PROCESSING (RESALE CERTIFICATE ON FILE)		
3. CASH DISCOUNTS, SALES RETURNS & ALLOWANCES		
4. SALES DELIVERED OR SHIPPED OUTSIDE THIS JURISDICTION (DOES NOT APPLY TO REPAIRS)		
5. SALES OF GASOLINE AND MOTOR FUELS		
6. SALES TO US GOV'T, STATE OF LA, POLITICAL SUBDV. & GOVERNMENTAL AGENCIES		
7. SALES OF FOOD PAID WITH USDA FOOD STAMPS OR WIC VOUCHERS		
OTHER DEDUCTIONS AUTHORIZED BY LAW (EXPLAIN BRIEFLY)		
8.		
9.		
10.		
11. TOTAL ALLOWABLE DEDUCTIONS (LINE 2 THRU 10)		
12. ADJUSTABLE GROSS SALES (LINE 1 MINUS LINE 11)		
COMPUTATION OF SALES AND USE TAX-Complete Columns in which Taxable Activity occurs	Col. A - 5.000%	Col. B (5.000%)
	Parishwide excluding City of St. Gabriel	Parishwide including City of St. Gabriel
13. ADJUSTED GROSS SALES IN EACH JURISDICTION		
14. PURCHASES SUBJECT TO USE TAX IN EACH JURISDICTION		
15. TOTAL TAXABLE TRANSACTIONS (LINE 13 PLUS LINE 14)		
16. TAX DUE (MULTIPLY LINE 15 BY THE TAX RATE OF EACH COLUMN) (LINE 15 x .05)		
17. EXCESS TAX COLLECTED		
18. TOTAL TAX DUE (LINE 16 PLUS LINE 17)		
19. VENDORS COMPENSATION (1.5% LINE 18) (ONLY IF PAYMENT IS NOT DELINQUENT) (LINE 18 x .015)		
20. NET TAX DUE (LINE 18 MINUS LINE 19)		
21. PENALTY (5% TAX FOR EACH 30 DAYS OR FRACTION THEROF, 25% MAX)		
22. INTEREST (1.25% PER MONTH CALCULATED FROM DATE DUE UNTIL PAID)		
23. TOTAL TAX, PENALTY, AND INTEREST DUE (SUM OF LINE 20-22)		
24. TAX DEBIT OR CREDIT (AUTHORIZED MEMO MUST BE ATTACHED)		
25. TOTAL AMOUNT DUE (LINE 23 PLUS OR MINUS LINE 24)		
26. TOTAL REMITTED (TOTAL OF LINE 25 COLUMNS A & B)		

HAVE YOU USED THE PROPER COLUMN?

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

This return is DUE on the 1st day of the month following the period covered by this return and becomes DELINQUENT if not received by this office on the 21st day.

DATE PREPARED	SIGNATURE OF INDIVIDUAL OR AGENT & PHONE NUMBER	SIGNATURE OF PREPARER & PHONE NUMBER	
Parish Account Number	State Tax ID Number	Phone Number for Contact Person	Reviewed By

PLEASE INDICATE ANY CHANGES BELOW

Date business closed	Date business sold
Name of New Owner	
Mailing address change	
Location address change	