

Please paperclip attachments here.

R-1029 (7/11)

# Louisiana Department of Revenue Sales Tax Return

Location address:



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

\*  
\*  
\*  
\*  
\*

**Do not use this form for filing periods prior to July 2011.**

Filing period

**U.S. NAICS Code**

**Please use blue or black ink.**

Round to the nearest dollar. Do not use dashes.

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



SPEC CODE

4010

**Allowable Deductions – Schedule A**

Total Sales Exemption %

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

18	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
20A	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
20B	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
20C	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
21	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
22	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
23	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
24	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
25	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
26	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
27	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
28	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
29	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
30	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
31	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
32	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
33	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>
34	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>

The Military Family Assistance Fund Worksheet

**35A Donation of Vendor's Compensation**

,  .

**35B Donation in Addition to Tax Due**

,  .

**35C Donation of Refund**

,  .

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

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.



Final return

Enter date business sold/terminated.

If amended return, mark this box.

FOR OFFICE USE ONLY.  Field flag