

	<b>Direct Payment Sales Tax Application</b> R.S. 47:303.1
<b>Mail completed application to:</b> Louisiana Department of Revenue Taxpayer Services Division Sales Tax Section P.O. Box 66362 Baton Rouge, LA 70896	

**PLEASE PRINT OR TYPE.**

Legal Name	Louisiana Sales Tax Account Number	
Trade Name		
Mailing Address		
City	State	ZIP
Manufacturing Facility Location Address		
City	State	ZIP

**Check one:**

- Manufacturer of tangible personal property for resale with a manufacturing establishment or facility within the state.
- Private, nonprofit, tax-exempt organization as defined under Section 501(3)(c) of the Internal Revenue Code.

If a manufacturing facility, list the major types of goods manufactured:

---

Are these goods resold?  Yes  No      If no, please explain: \_\_\_\_\_

---



---

	Year 20____	Year 20____	Year 20____
Total taxable purchases of tangible personal property			
Total taxable leases or rentals of tangible personal property			
Total taxable purchases of services			
Total <i>(must average \$5 million per year)</i>			

AUTHORIZATION	
I affirm that the information given on this application is true and correct.	
Authorized Representative	Title
Signature <b>X</b>	Date (mm/dd/yyyy)