Please paperclip attachments here.

R-1029 (7/09)

Louisiana Department of Revenue
Sales Tax Return

Location address:

Address

City | State | ZIP

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

Account Number

Name(1)

Name(2)

Address(1)

Address(2)

City | State | ZIP

Do not use this form for filing periods prior to July 2009. *

Filing period mm/yy

U.S. NAICS Code

Please use blue or black ink.
Round to the nearest dollar. Do not use dashes.

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

SPEC CODE

4911