

Please paperclip attachments here.

R-1029 (7/09)
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 2009.

Filing period

U.S. NAICS Code [] [] [] [] [] [] [] []

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

Table with 2 columns: Description and Amount. Rows include: Gross sales of tangible personal property, Cost of tangible personal property, Leases, rentals, and services, Total, Total allowable deductions, Amount taxable, Tax due, Excess tax collected, Total, Vendor's compensation, Gross tax due, Register reprogramming credit, Net tax due, Donation to The Louisiana Military Family Assistance Fund, Penalty, Interest, Total payment due, Overpayment to be refunded.

Grid for numerical input with red borders, corresponding to the table rows.



SPEC CODE [] [] [] []



Allowable Deductions – Schedule A

Total Sales % Exemption

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

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.



FOR OFFICE USE ONLY. Field flag

Final return

Enter date business sold/terminated.

If amended return, mark this box.