S3 R-1029 (7/08) Louisiana Department of Revenue Sales Tax Return Location address:

Please paperclip attachments here.



***** TAXPAYER WORKING COPY ***** www.revenue.louisiana.gov

	If address is differ- ent from that shown, mark here and make corrections in area provided on back. * A Test Company 100 Main Anywhere, WA 98070	Month: December Year: 2018
	Do not use this form * for filing periods prior to July 2008.	
	Filing period	Please use blue or black ink.
	Code	Round to the nearest dollar. Do not use dashes.
	Gross sales of tangible personal property1 Cost of tangible personal property	, , , <u>, , , , , , , , , , , , , , , , </u>
2	(Used, consumed, or stored for use or consumption, or purchased or imported to be sold in coin-operated vending machines)	, , , , , , , , , , , , , , , , , 00
3	Leases, rentals, and services (Do not include motor vehicle leases or rentals, which must be filed electronically. See instructions.)	, , , , , , , , , , , , , , , , , , , ,
4	Total (Add Lines 1 through 3.)	, , , , , , , , , , , , , , , , , , , ,
	Total allowable deductions (From Line 34, Schedule A. Do not include as a deduction any item not reported on Lines 1 through 3.)	
6	Amount taxable (Subtract Line 5 from Line 4.)	, , , s300.00 ⁰
	Tax due (Multiply amount on Line 6 by 4%.)7	
8	Excess tax collected (Do not include local sales tax.)	
9	Total (Add Line 7 and Line 8.)9	, , , s12 ₋ 0 _θ ο
10	Vendor's compensation (1.1% of Line 9, if payment not delinquent)	, , , , , , , , , , , , , , , , , 00
11	Gross tax due (Subtract Line 10 from Line 9.)	, , , , , , , , , , , , , , , , , , , ,
12	Sales tax credit Purchases	. 00 12
12A	Register reprogramming credit (Actual programming costs, not to exceed \$25 per register - invoices must be attached)	, , , , , , , , , , , , , , , , , , , ,
13	Net tax due (Subtract Lines 12 and 12A from Line 11. If total of Lines 12 and 12A exceeds Line 11, please see instructions.)	, , , , , , , , , , , , , , , , , , ,
13A	Donation to The Louisiana Military Family Assistance Fund (Enter the amount from Line 35 from the back of the return.)	, , , , , , , , , , , , , , , , , , , ,
14	Penalty (See instructions.)	
15	Interest (See instructions.)	, , , , , , , , , , , , , , , , , , , ,
16	Total payment due Mark this box if PAY THIS (Add Lines 13, 13A, 14, and 15.) Mark this box if PAY THIS Make payment to: Louisiana Department of Revenue. Do not send cash. Mount Mount	, , , , , , , , , , , , , , , , , , ,
17	Overpayment to be refunded	
		4801

***** TAXPAYER WORKING COPY *****