

**ST. MARTIN PARISH SCHOOL BOARD
SALES TAX DEPARTMENT
P O BOX 1000
BREAUX BRIDGE, LA 70517**

Please enter your check # _____

name _____
address _____

Acct # _____

**337-332-2105, ext. 8201
FAX: 337-332-1287**

To avoid penalties be sure that you transmit this return on or before the 20th of each month following the period covered.

**ST. MARTIN PARISH TOURIST COMMISSION
HOTEL/MOTEL TAX
SALES FOR MONTH OF _____ 20 _____**

1. GROSS RENTALS	1.	\$.00
2. LESS ALLOWABLE DEDUCTIONS			
A.		\$.00
B. ROOMS RENTED ON ANNUAL CONTRACT BASIS			
C.			
D.			
TOTAL DEDUCTIONS		\$.00
3. AMOUNT TAXABLE	3.	\$.00
4. TOTAL AMOUNT OF TAX DUE (4% OF ITEM 3)	4.	\$.00
5. DELINQUENT PENALTY	5.	\$.00
<small>5% of tax for each 30 days or fraction thereof of delinquency, not to exceed 25% in the aggregate</small>			
6. INTEREST: 1% per month from due date until paid.	6.	\$.00
7. Total Tax, Penalty and Interest - Remittance Attached.	7.	\$.00

I declare, under the penalties for filing false reports, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all information relating to the matters required to be reported in the return of which he has any knowledge.

WARNING: DO NOT use any other taxpayer's return as this will result in improper credit.	DATE	SIGN HERE	OFFICE USE

MAKE YOUR REMITTANCE
PAYABLE TO:

**ST. MARTIN PARISH SCHOOL BOARD
SALES TAX DEPARTMENT
P O BOX 1000
BREAUX BRIDGE, LA 70517**

**PLEASE RETAIN A COPY
FOR YOUR FILE**