

MAKE CHECK PAYABLE TO:  
**TANGIPAHOA PARISH SCHOOL SYSTEM**  
SALES TAX DIVISION  
P.O. BOX 159  
AMITE, LA 70422-0159

Parish Account # \_\_\_\_\_ Period Ending \_\_\_\_\_  
To: \_\_\_\_\_  Final Report

THIS RETURN DUE ON THE 1st DAY OF THE MONTH FOLLOWING PERIOD COVERED BY THE RETURN AND BECOMES DELINQUENT ON 21st DAY.

**- DO NOT USE STAPLES -**  
PLEASE INDICATE ANY CHANGES BELOW:

DATE OUT OF BUSINESS: \_\_\_\_\_ DATE BUSINESS SOLD: \_\_\_\_\_

NAME OF NEW OWNER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**EXPLANATION OF SALES AND USE TAX RATES:**  
Column A tax rate = 2% School Board + 1% Parish Council  
+ .5% Educational Facilities Improvement District  
Columns B - J tax rates = Column A percentage  
+ applicable municipal and/or district tax

Confirmation Number	
1. Gross Sales of Tangible Personal Property, Leases, Rentals and Services as Reported to State of Louisiana	
<b>SCHEDULE "A" ALLOWABLE DEDUCTIONS</b>	
2. Sales for Resale	
3. Cash Discounts, Sales Returns & Allowances	
4. Sales Delivered or Shipped outside this Parish	
5. Sales of Gasoline and Motor Fuels	
6. Sales to the U.S. Govt., the State of LA, its Political Subdivisions	
OTHER DEDUCTIONS Authorized by Law (Explain briefly)	
7. Sales of Food Paid for with USDA Food Stamps or WIC Vouchers	
8. Other (Explain)	
9. Other (Explain)	
10. Other (Explain)	
11. Total Allowable Deductions (Line 2 through 10)	
12. Adjusted Gross Sales (Line 1 Minus Line 11)	

COMPUTATION OF SALES AND USE TAX	COMPLETE ONLY THOSE COLUMNS IN WHICH TAXABLE ACTIVITY OCCURS									
	(12) 3.50%( A )	(13) 5.50%( B )	(14) 5.50%( C )	(15) 6.00%( D )	(16) 5.50%( E )	(17) 6.00%( F )	(18) 5.50%( G )	(19) 5.50%( H )	(20) 5.50%( I )	(21) 4.00%( J )
	Rural Parish	City of Hammond	City of Ponchatoula	City of Amite	Town of Kentwood	City of Independence	Town of Roseland	Village of Tangipahoa	Village of Tickfaw	Fire District #1
13. Adjusted Gross Sales in Each Jurisdiction										
14. Purchases Subject to Use Tax in each Jurisdiction										
15. Total (Line 13 Plus Line 14)										
16. Multiply Line 15 by % Shown (Each Column)										
16a. Sales of Food, Drugs & Medical Items										
16b. Food, Drug & Medical Item Deductible (.5% of 16a)										
16c. Net Tax Due (Line 16 less Line 16b)										
17. Excess Tax collected										
18. Total (Line 16c plus Line 17)										
19. Vendor's compensation (1% of line 18) <small>Deductible only if payment is not delinquent.</small>										
20. Net Tax Due (Line 18 minus Line 19)										
21. Delinquent Penalty – 5% of Tax for each 30 Days or <small>Fraction thereof of Delinquency, maximum 25%</small>										
22. Interest 1% per Month from Date Due until Paid										
23. Total Tax, Penalty and Interest Due										
24. Tax Debit or Credit (Authorized Memo MUST be Attached)										
25. Total Amount Due (Line 23 Plus or Minus Line 24)										

I declare under 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 the information relating to the matters requiring to be reported in the return of which he has any knowledge.

<b>WARNING: DO NOT USE ANY OTHER TAXPAYER'S RETURN AS THIS WILL RESULT IN IMPROPER CREDIT</b>	DATE:	AUTHORIZED SIGNATURE	REVIEWED BY	Applied For
---	-------	----------------------	-------------	-------------