

Lafourche Parish School Board	
Sales and Use Tax Department	
Physical Address	701 East 7th Street, Thibodaux, LA 70301
Local P. O. Box	P. O. Box 997, Thibodaux, LA 70302
Remittance P.O. Box	P. O. Box 669337, Dallas, TX 75266-9337
Phone	(985) 446-4023
Fax	(985) 446-4027
Web Address	www.mylpsd.com

MAKE CHECK PAYABLE TO REMITTANCE BOX LAFOURCHE PARISH SCHOOL BOARD SALES TAX DEPARTMENT P. O. Box 669337 Dallas, TX 75266-9337

Parish Account # _____

State Account # _____

Period Ending _____

Filing Status _____

FINAL RETURN (please check)

DO NOT USE STAPLES

USE ONLY FOR PERIOD AND LOCATION INDICATED ON FORM

01 Gross Sales of Tangible Personal Property, Leases, Rentals & Services reported to the State of Louisiana

ALLOWABLE DEDUCTIONS

02 Sales for Resale

03 Cash Discounts, Returned Merchandise, Allowances

04 Sales Delivered Outside this Parish

05 Sales of Gasoline and Motor Fuels

06 Sales to US Gov't and State of Louisiana

OTHER DEDUCTIONS Authorized by Law (Itemized)

07 USDA Food Stamps or WIC Vouchers

08 Direct Pay Permit Sales

09 Other (Explain)

10 Other (Explain)

11 Allowable Deductions (sum of Line 2 thru line 10)

12 Adjusted Gross Sales (Line 1 less Line 11)

COMPUTATION OF SALES AND USE TAX	Town of Golden Meadow	City of Thibodaux	Town of Lockport	Consolidated District A Rd Dist 3, 5, & 6	Road District 2 South of Intracoastal Canal	Road District 2 North of Intracoastal Canal
	Includes 1% Levee Tax				Includes 1% Levee Tax	
	5.40%	4.45%	5.15%	5.15%	5.40%	4.65%

13 Adjusted Gross Sales in Each Jurisdiction (Totals to line 12)

14 Purchases Subject to Use Tax Each Jurisdiction

15 Total Subject to Tax (line 13 plus line 14)

16 Tax Calculated (Multiply by % shown)

17 Excess Tax Collected, by location

18 Total (Line 16 plus Line 17)

19 Vendor's Compensation (1.1%, Line 18)

20 Net Tax Due (Line 18 minus Line 19)

21 Penalty (5% per month late) Max-25%

22 Interest (1% each month past due)

23 Total Tax, Penalty & Interest (Sum of Line 20, 21 & 22)

24 Tax Debit or Credit (Authorized Debit must be attached)

25 Total Amount Due(Line 23 plus or minus line 24)

Please Indicate Below if Final Return

DATE BUSINESS CLOSED _____

DATE BUSINESS SOLD _____

NAME OF NEW OWNER _____

ADDRESS OF NEW OWNER _____

COMMENTS

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

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

26 REMITTANCE ATTACHED (TOTAL OF ALL COLUMNS)

P. O. Box 669337, Dallas, TX 75266-9337
SIGNATURE OF PREPARER OTHER THAN TAXPAYER

WARNING: DO NOT USE ANY OTHER TAXPAYER'S RETURNS AS THIS WILL RESULT IN IMPROPER CREDIT

DATE

AUTHORIZED SIGNATURE

TITLE

For Office Use Only

Revised 07/2015

