

**SALES AND USE TAX DEPARTMENT
ST. CHARLES PARISH**

St. Charles Parish School Board
13855 River Road • Luling, LA
70070

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PLEASE DO NOT
STAPLE OR TAPE
PAYMENT TO
RETURN.

This return is DUE on the 1st
day of the month following
the period covered by the
return and becomes
DELINQUENT on the 21st day.

SALES AND USE TAX RETURN

Make all remittances
payable to:
**ST. CHARLES PARISH
SCHOOL BOARD
SALES TAX DEPARTMENT**

BILLING CYCLE

ACCOUNT NUMBER

MONTH OF

1. GROSS SALES OF THE TANGIBLE PROPERTY, LEASES, RENTALS, AND SERVICES AS REPORTED TO THE STATE OF LOUISIANA		
ALLOWABLE DEDUCTIONS		
2. SALES FOR RESALE		
3. SALES RETURNS & ALLOWANCES, CASH DISCOUNTS		
4. SALES DELIVERED OR SHIPPED OUTSIDE THIS JURISDICTION		
5. SALES OF GASOLINE OR MOTOR FUELS		
6. SALES TO THE U.S. GOV'T AND THE STATE OF LOUISIANA		
7. SALES OF FOOD PAID FOR WITH USDA FOOD STAMPS OR WIC VOUCHERS		
OTHER DEDUCTIONS AUTHORIZED BY LAW (Explain)		
8. DIRECT PAY PERMIT SALES		
9.		
10.		
11. TOTAL ALLOWABLE DEDUCTIONS (Lines 2 thru 10)		
COMPUTATION OF SALES AND USE TAX		
12. ADJUSTED GROSS SALES (Line 1 minus Line 11)		
13.		
14. PURCHASES SUBJECT TO USE TAX		
15. TOTAL (Line 12 plus Line 14)		
16. TAX DUE (5% of Line 15)		
17. EXCESS TAX COLLECTED		
18. TOTAL (Line 16 plus Line 17)s		
19. VENDOR'S COMPENSATION (1.0% of line 18 if timely paid and filed; limited to \$750)		
20. NET TAX DUE (Line 18 minus Line 19)		
21. DELINQUENT PENALTY (5% of tax for each 30 days or fraction thereof of delinquency, not to exceed 25%)		
22. Interest (12% per annum from date due until paid)		
23. Total Tax, Penalty and Interest Due (Line 20 + 21 + 22)		
24. Tax Debit or Credit (Authorized Memo Must Be Attached)		
25. Total Amount Due (Line 23 plus or minus Line 24)		
26. TOTAL REMITTANCE ATTACHED		
OTHER REQUIRED INFORMATION		
27. Sales of Prescription Drugs and Pharmaceutical Devices exempt from state tax		
28. Purchases of Manufacturing Machinery and Equipment (MM&E) exempt from state tax		
TO AVOID PENALTIES, RETURN SHOULD BE TRANSMITTED ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE PERIOD COVERED.		
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 true, correct and complete return.		
DATE	SIGN HERE	SIGNATURE OF PREPARER OTHER THAN TAXPAYER
		RECEIVED BY