## Parish of St. Bernard

Sales & Use Tax Department P.O. Box 168 Chalmette, LA 70044 504-271-2504



Che	ck Here if Final Return	USE ONLY FOR MONTH AND YEAR INDICATED					
Ente	r Date Closed	WARNING: DO	NOT use any other taxp	ayer's return			
		as this	will result in improper	credit			
	St. Bernard Parish Acct #					Make Checks Payable To:	
State of LA Acct #							IES J. POHLMANN
Business Name						Sheriff & Tax Collector	
	ress Line #1						
	ress Line #2						
							Owner, Agent or Preparer
TO AVOID PENALTIES RETURN MUST BE TRANSMITTED ON OR BEFORE							D . Ed I
	THE 20TH DAY FOLLOWING THE PERIOD COVERED						Date Filed
	Filing (Month/Year)		Frequency: (				
1.	Gross Sales of Tangible Personal Property, Lease, Rentals and Services as Reported to State of Louisiana						\$
		ALLOW	ABLE DEDUCTIONS				
2.	Sales for Resale or Further Processing (Certificate on File)				\$		
3.	Cash Discounts, Sales Returns & Allowances				\$		
4.	Sales Delivered or Shipped outside this Jurisdiction				\$		
5.	Sales of Gasoline and Motor Fuels				\$		
6.	Sales to Agencies of the U.S. Government, the State of Louisiana and its Political Subdivisions				\$		
7.	Sales of Food Paid for with USDA Food Stamps / WIC Vouchers.						
	<u> </u>	OTHER DEDUCTI	IONS AUTHORIZED BY LA	W.	1		
8.					\$		
9.					\$		Are You Delinquent for This Return?
10.					\$		Click to Check Here is YES
11.	Total Allowable Deducti	ons (Line2 through 10)			\$		
12.	Adjusted Gross Sales (Line 1 Minus Line 11)				\$		\$
13.							\$
14.	Purchases Subject to Use Tax						\$
15.	Total (Line 13 Plus Line 14)						\$
16.	Tax Due - (Multiply Line 15 by Tax Rate Shown)						\$
17.	Excess Tax collected						\$
18.	Total (Line 16 plus Line 17)						\$
19.	Vendor's compensation (1.5% OF LINE 18-Deductible ONLY when Payment is not deliquent)						\$
20.	Net Tax Due (Line 18 minus Line 19)						\$
21.	Delinquent Penalty - 5% of Tax for each 3D Days or Fraction thereof of Deliquency (Not to Exceed 25%)						\$
22.	Interest 12% per annum (1% Per Month) from Date Due until Paid - Enter Number of Months Past Due (No Max):						\$
23.							\$
24.	Tax Debit or Credit (Authorized Memo MUST be Attached)						\$
25.							\$
27.	Drug Sales	·					
28.	MME Sales						

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.