ASCENSION PARISH SALES AND USE TAX AUTHORITY SALES AND USE TAX REPORT

COL		

Make Remittance Payable To:	Gonzales	225-621-2635
Ascension Parish Sales and Use Tax Authority	Fax	225-621-2644
P.O. Box 1718		

2 digit MONTH 03 = 1Q, 06, 2Q, etc.

Gonzales, LA 70707	
(Do NOT use any other taxpayer's return as this will result in improp	er credit.)

Donaldsonville 225-473-8630

4 digit YEAR

1. GROSS SALES OF TANGIBLE PROPERTY, LEASES, RENTALS, AND SERVICES			
SCHEDULE "A" ALLOWABLE DEDUCTIONS			
2. SALES FOR RESALE OR FURTHER PROCESSING (RESALE CERTIFICATE ON FILE)		File online with	
3. CASH DISCOUNTS, SALES RETURNS & ALLOWANCES		www.salestaxonline.com	
4. SALES DELIVERED OR SHIPPED OUTSIDE THIS JURISDICTION (DOES NOT APPLY TO REPAIRS)			
5. SALES OF GASOLINE AND MOTOR FUELS			
6. SALES TO US GOV'T, STATE OF LA, POLITICAL SUBDV. & LOCAL AGENCIES			
7. SALES OF FOOD PAID WITH USDA FOOD STAMPS OR WIC VOUCHERS			
OTHER DEDUCTIONS AUTHORIZED BY LAW (EXPLAIN BRIEFLY)			
8.		ADDED COLUMN I 6.5% {EAST	
9.		ASCENSION WITHIN GONZA	
10.		CONWAY ANNEXED AREA}	
11. TOTAL ALLOWABLE DEDUCTIONS (LINE 2 THRU 10)			
12. ADJUSTED GROSS SALES (LINE 1 MINUS LINE 11)			

,								
COMPUTATION OF SALES AND USE TAX	COMPLETE COLUMNS IN WHICH TAXABLE ACTIVITY OCCURS							
2% ASCENSION PARISH SCHOOL BOARD (Entire Parish, All Columns) 1% ASCENSION PARISH GOVERNMENT (Rural Tax & Annex. Column C. E. & I). 5% Column H	4.5%	4.5%	4.5%	5.0%	4.5%	5.5%	6.0%	6.5%
2% CITY OF GONZALES (Within city limits, Column A, G & I) 2.5% CITY OF DONALDSONVILLE (Within City limits, Column D & H)	Column A	Column B	Column C	Column D	Column E	Column G	Column H	Column I
2% TOWN OF SORRENTO (Within Town limits, Column B) .5% ASCENSION PARISH SHERFER (Rural Tax & Annex, Column C, E & I), .25% Column H	EAST ASCENSION	EAST ASCENSION	EAST ACENSION	WEST ASCENSION	WEST ASCENSION	TANGER MALL	DONALDSONVILLE-	EAST ASCENSION
.5% ASCENSION PARISH SHERIFF, (Qualities, Column), C, E & I), .25% Column F .5% EAST ASCENSION DRAINAGE DISTRICT (Columns A, B, C, G & I) .5% WEST ASCENSION HOSPITAL (Column D, E & H)	WITHIN	WITHIN	NOT IN	WITHIN	NOT IN	DEVELOPMENT	ANNEXED AREA	WITHIN GONZALES
.5% ASCENSION PARISH DISTRICT #2 (Rural Tax & Annex, Columns C, E & I), .25% Column H	GONZALES	SORRENTO	GONZALES OR SORRENTO	DONALDSONVILLE	DONALDSONVILLE	DISTRICT		CONWAY ANNEXED AREA
1% TANGER MALL DEVELOPMENT DISTRICT (Column G)								
13. ADJUSTED GROSS SALES IN EACH JURISDICTION								
14. PURCHASES SUBJECT TO USE TAX IN EACH JURISDICTION								
15. TOTAL TAXABLE TRANSACTIONS (LINE 13 PLUS LINE 14)								
16. TAX DUE (MULTIPLY LINE 15 BY THE TAX RATE OF EACH COLUMN)								
17. EXCESS TAX COLLECTED								
18. TOTAL TAX DUE (LINE 16 PLUS LINE 17)								
19. VENDORS COMPENSATION (2% OF LINE 18) (ONLY IF PAYMENT IS NOT DELINQUENT)								
20. NET TAX DUE (LINE 18 MINUS LINE 19)								
21. PENALTY (5% of Tax for each 30 Days or Fraction Thereof, 25% MAX)								
22. INTEREST (1.25% PER MONTH CALCULATED FROM DATE DUE UNTIL PAID)								
23. TOTAL TAX, PENALTY AND INTEREST DUE (SUM OF LINE 20-22)								
24. TAX DEBIT OR CREDIT (AUTHORIZED MEMO MUST BE ATTACHED)			_					
25. TOTAL AMOUNT DUE (LINE 23 PLUS OR MINUS LINE 24)								
26. TOTAL REMITTED (TOTAL OF LINE 25 COLUMNS A, B, C, D, E, G, H & I)			HAVE YOU USED THE PROPER COLUMN?					

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 completed return. If the return is prepared by a person other than this taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has any knowledge.

This return is DUE on the 1st day of the month following the period covered by this return and becomes DELINQUENT if not received by this office prior to the 21st day.

This retain is DOE on the 1st day of the month following the period covered by this retain and becomes Deciving the information of the 21st day.					
SIGNATURE OF INDIVUDAL OR AGENT	SIGNATURE OF PREPARER & PHONE NUMBER	DATE PREPARED	CHECK NUMBER		
EMAIL OF INDIVIDUAL OR AGENT		Phone Number for Contact Person	Reviewed By		