

# LOUISIANA

DEPARTMENT of REVENUE

## Application for Certification as a Paper or Wood Products Manufacturing Facility to Qualify for the Sales Tax Exclusion for Electric Power or Energy, or Natural Gas

Revised Statute 47:301(3)(j) and (13)(m)

### Mail to:

Louisiana Department of Revenue  
Revenue Processing Center  
P.O. Box 4998  
Baton Rouge, LA 70821-4998

### Part 1

Legal Name	Trade Name		
Location Address			
City	State	ZIP	
Mailing Address			
City	State	ZIP	
Contact Person	Telephone Number		

### Part 2

#### Louisiana Department of Revenue Account Numbers (List the account numbers for which this business is registered)

**Businesses not registered for sales tax must file a CR-1, Application for Louisiana Sales Tax Account Number (R-16019), with this application.**

Sales Tax Account Number	Withholding Tax Account Number
Corporate Income/Franchise Tax Account Number	

### Part 3

#### Louisiana Workforce Commission

**Is this business required to register with the Louisiana Workforce Commission?**

Yes  No (If you answered no to this question, go directly to Part 4.)

Louisiana Workforce Commission Employer Account File Number: \_\_\_\_\_  
(Contact the Louisiana Workforce Commission at (225) 342-3160 for assistance.)

North American Industry Classification System (NAICS) Code issued by the LA Workforce Commission: \_\_\_\_\_  
(Use the NAICS code issued to this location from the Multiple Worksite Report if this is a separate location.)  
(If you answered yes to the question above, go directly to Part 5.)

### Part 4

**Businesses that are not required to register with the Louisiana Workforce Commission must provide the Business Activity Code Number listed on the most recently filed federal income tax return and include a copy of the federal form that shows this number.**

**Business Activity Code:** \_\_\_\_\_ **Form submitted:** \_\_\_\_\_

**New businesses that have not filed a federal income tax return prior to filing this application must submit a signed affidavit stating the company's primary business activity according to the North American Industry Classification System.**

### Part 5

Description of Business: (Attach additional sheet(s) if necessary.)
Finished Goods Produced:

Qualifying purchases are subject to state sales tax at rates as shown in the box below.

Applicable State Sales Tax Rates			
From	To	Rate	Exemption Code
4/1/2016	6/30/2016	5%	1010
7/1/2016	6/30/2018	3%	1010
7/1/2018	3/31/2019	0%	1010

**Under penalty of perjury, I declare that I have examined this application for exemption and accompanying documents, and to the best of my knowledge and belief it is true, correct, and complete.**

Signature of Owner/Officer	Title	Date (mm/dd/yyyy)
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### FOR OFFICIAL USE

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature of Department Representative	Date (mm/dd/yyyy)
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