

LOUISIANA
DEPARTMENT of REVENUE

Timber-Parish
Summary Return (T-1s)

Mail to:
 Louisiana Department of Revenue
 PO Box 201
 Baton Rouge, Louisiana 70821-0201
 (855) 307-3893

- If your name has changed, mark circle. If your address has changed, mark circle. If amended return, mark circle. If final return, mark circle.

FOR OFFICE USE ONLY. Field flag

| | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Taxable period

| Product Code Number | Product Severed | Tons Severed | Tax Rate @ 2 1/4% of Value/Ton | Tax Amount Due |
|---------------------|---------------------------|--------------|--------------------------------|----------------|
| 01 | Pine logs | | \$ 0.71 / ton | \$ |
| 02 | All hardwoods and cypress | | \$ 0.79 / ton | \$ |
| 05 | Chip & saw | | \$ 0.37 / ton | \$ |

| Product Code Number | Product Severed | Tons Severed | Tax Rate @ 5% of Value/Ton | Tax Amount Due |
|--|--------------------|--------------|----------------------------|----------------|
| 03 | Pulpwood pine | | \$ 0.47 / ton | \$ |
| 04 | Pulpwood hardwoods | | \$ 0.50 / ton | \$ |
| Make payment to: Louisiana Department of Revenue DO NOT SEND CASH. | | | Total Tax Due | \$ |
| | | | Penalty and Interest | \$ |
| | | | Total Amount Due | \$ |

CONVERSION FACTORS BOARD FEET (DOYLE SCALE) TO WEIGHT

| | | | | |
|-----------------|---|-------------|---|-----------|
| MBF pine | = | 16,000 lbs. | = | 8.00 tons |
| MBF hardwood | = | 19,000 lbs. | = | 9.50 tons |
| Cord pine | = | 5,400 lbs. | = | 2.70 tons |
| Cord hardwood | = | 5,700 lbs. | = | 2.85 tons |
| Cord chip & saw | = | 5,400 lbs. | = | 2.70 tons |

PLEASE PRINT OR TYPE.

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. If the return is prepared by a person other than the 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.

| | | | |
|-------------------|-----------------------|---|-------------|
| Date (mm/dd/yyyy) | Signature X | Signature of preparer other than taxpayer | Preparer ID |
|-------------------|-----------------------|---|-------------|

This return is due on or before the last day of the month following the taxable period and becomes delinquent on the first day thereafter. If the due date falls on a weekend or holiday, the return is due on the first business day after the due date and becomes delinquent on the first day thereafter.

Complete only if change in business status has occurred. Please print or type.

| | | |
|----------------------------|--------------------|-------------------|
| Date business discontinued | Date business sold | Name of purchaser |
|----------------------------|--------------------|-------------------|



SPEC CODE

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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