

**Louisiana Sales and Use Tax  
Commission for Remote Sellers**

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**Remote Sellers Tax Return**  
Electronic File Only

Name \_\_\_\_\_  
 Trade Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_

**U.S. NAICS Code**

\_\_\_\_\_ Please enter your account number here.

Filing period \_\_\_\_\_ mm/yy

			Summary	
			State	Local
<b>1</b>	<b>GROSS SALES AND LEASES OR RENTALS OF TANGIBLE PERSONAL PROPERTY AND SERVICES</b> (Through catalogs, periodicals, Internet, radio, television, or by other advertising)	<b>1</b>		
<b>2</b>	<b>TOTAL EXEMPT SALES</b>	<b>2</b>		
<b>3</b>	<b>TOTAL TAXABLE AMOUNT</b> (Line 1 minus Line 2)	<b>3</b>		
<b>4</b>	<b>TAX DUE</b>	<b>4</b>		
<b>5</b>	<b>EXCESS TAX COLLECTED</b>	<b>5</b>		
<b>6</b>	<b>TOTAL</b> (Line 4 plus Line 5)	<b>6</b>		
<b>7</b>	<b>VENDOR'S COMPENSATION</b> (From Schedule A)	<b>7</b>		
<b>8</b>	<b>NET TAX DUE</b> (Line 6 minus Line 7)	<b>8</b>		
<b>8A</b>	<b>DONATION TO THE LOUISIANA MILITARY FAMILY ASSISTANCE FUND</b> (See instructions.)	<b>8A</b>		
<b>9</b>	<b>DELINQUENT PENALTY</b> (Total from Schedule A)	<b>9</b>		
<b>10</b>	<b>INTEREST</b> (See instructions for interest calculation. Total from Schedule A.)	<b>10</b>		
<b>11</b>	<b>TOTAL TAX, PENALTY, AND INTEREST</b> (Add Lines 8, 8A, 9 and 10.)		<b>PAY THIS AMOUNT</b> Do NOT send cash. <b>→ 11</b>	

To avoid penalties, return must be transmitted on or before the 20th day following the period covered. If the due date falls on a weekend or holiday, the return is due the next business day and becomes delinquent the first day thereafter.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature _____		Date (mm/dd/yyyy) _____
Print Name _____	Title _____	Telephone _____

<b>PAID PREPARER USE ONLY</b>	Print Preparer's Name _____		Preparer's Signature _____		Date (mm/dd/yyyy) _____	Check <input type="checkbox"/> if Self-employed
	Firm's Name ▶				Firm's FEIN ▶	
	Firm's Address ▶				Telephone ▶	

