## R-1029 (12/21) Louisiana Department of Revenue Sales Tax Return

Location address:



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o: Louisiana Department of Revenue. electronically.

PAY THIS AMOUNT (DO NOT SEND CASH.) ▶ ...... 16

13A Donation to The Louisiana Military Family Assistance Fund

**16 Total payment due** (Add Lines 13, 13A, 14, and 15.)

Make payment to: Louisiana Department of Revenue.

Each physical location must register to obtain a separate Revenue Account ID.

Ta	axpayer's FEIN	Parent Company FEIN

Mark this box if

payment made



Final	Enter date
eturn	business
Stuffi	sold/terminated.

If amended return,
mark this box.

R-1029 (12/21) Allowable Dedi	uctions – Schedule A	Δ	Total Sales		Percent Exempt		
17 Intrastate teleco	ommunication services prepaid telephone cards.)				22.472%		
18 Interstate teleco	ommunication services		<u> </u>		44.944%		
19 Prepaid telepho	one cards		<u> </u>		22.472%		
20 Electricity and r	natural gas or energy for non-		<u> </u>		55.056%		
21 Steam and bulk residential purp	c or utility water used for non	-	<u> </u>		55.056%		
	nonresidential use		· · · · · · · · · · · · · · · · · · ·		55.056%		
,	/leases/rentals of manufactu	r-			100%		
24 Sales to U. S. g	overnment and Louisiana government agencies		<u> </u>		100%		
25 Sales of prescr	· · ·		<u> </u>		100%		
26 Sales of food fo	or home consumption		<u> </u>		100%		
27 Electricity, naturesidential use	ıral gas, and bulk water for		<u> </u>		100%		
28 Sales in interst	ate commerce		<u> </u>		100%		
29 Sales for resale	•		<u> </u>		100%		
30 Cash discounts allowances	s, sales returns and		<u> </u>		100%		
31 Tangible persor	nal property sold for lease or ructions.)		!   !		100%		
	ne, diesel, and motor fuel must be reported on Line 29.)		<u> </u>		100%		
33 Total from SCH (Transactions ta			<u> </u>		100%		
34 Add Lines 17 th	nrough 33; enter here and on	Line 5.	,,				
The 8400 cm Fee 20	35A Donation of Vendo	r's Compensation	on 35B Dor	nation in Add	ition to Tax	Due	
The Military Family Assistance Fund Worksheet			_ [	$\perp$			
	d Lines 35A and 35B) Enter here	e and on Line 13A	on front of return			35	0
Under penalties of p	perjury, I declare that I have	examined this r	eturn and accompanyir	ng schedules	and stater	ments, and to the best	of my knowledge and
belief, they are true,	, correct, and complete. Dec	laration of preparation	arer (other than taxpay	er) is based	on all infor	mation of which prepar	
Print Name			Title			Telephone	
PAID	Print Preparer's Name		Preparer's Signature			Date (mm/dd/yyyy)	Check ☐ if Self-employed
PREPARER USE ONLY	Firm's Name >					Firm's EIN ➤	
OOL ONL!	Firm's Address >					Telephone >	
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			PTIN, FEIN, or LDR a number of paid prep			For Office Use Only.	



Louisiana Department of Revenue • Post Office Box 3138 • Baton Rouge, LA 70821-3138

Enter your Louisiana Revenue Account Number:										
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Schedule A-1: Transactions Subject To 0% Tax							
Description	Sales Tax Exemption Code	Total Sales					
1		00					
2		00					
3		00					
4		00					
5		00					
6		00					
7		00					
8		00					
9		00					
10		00					
11		00					
12		00					
13		00					
14		00					
15		00					
16		00					
17		00					
18		00					
19		00					
20		00					
21 Add Lines 1 - 20; enter here and on Line 33 of Schedule A, under the T	otal Sales column.	00					



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