

This report is DUE on the 1st day of the month following period covered by the report, and becomes DELINQUENT ON 21ST DAY

FORM EFFECTIVE JULY 2024 TAX PERIOD

REMIT TO:  
**IBERVILLE PARISH SALES TAX DEPARTMENT**  
 P.O. Box 355 • Plaquemine, LA 70765-0355  
**SALES & USE TAX REPORT**  
 Ph. (225) 687-5200 • Fax (225) 687-5226  
 www.ibervilleparish.com

Check #: \_\_\_\_\_  
 Postmark Date: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_  
 Receipt Date: \_\_\_\_\_  
 (FOR OFFICE USE ONLY)

Account # \_\_\_\_\_

(Do Not use any other taxpayer's return as this may result in improper credit.)

Tax Report for the Period \_\_\_\_\_

|  |  |   |  |  |
|--|--|---|--|--|
| 1. GROSS SALES OF TANGIBLE PERSONAL PROPERTY, LEASES, RENTALS, AND SERVICES  |  | →   |  |  |
| <b>SCHEDULE "A" ALLOWABLE DEDUCTIONS</b>   |  |   |  |  |
| 2. SALES FOR RESALE OR FURTHER PROCESSING ( <i>Resale Certificate on File</i> )  |  |   |  |  |
| 3. CASH DISCOUNTS, SALES RETURNS & ALLOWANCES  |  |   |  |  |
| 4. SALES DELIVERED OR SHIPPED OUTSIDE THIS JURISDICTION ( <i>Does Not Apply to Repairs</i> )   |  |   |  |  |
| 5. SALES OF GASOLINE AND MOTOR FUELS   |  |   |  |  |
| 6. SALES TO US GOV'T, STATE OF LA, POLITICAL SUBDV. & GOVERNMENTAL AGENCIES  |  |   |  |  |
| 7. SALES OF FOOD PAID WITH USDA FOOD STAMPS OR WIC VOUCHERS  |  |   |  |  |
| OTHER DEDUCTIONS AUTHORIZED BY LAW ( <i>Explain Briefly</i> )  |  |   |  |  |
| 8.   |  |   |  |  |
| 9.   |  |   |  |  |
| 10.  |  |   |  |  |
| 11. TOTAL ALLOWABLE DEDUCTIONS ( <i>Line 2 thru 10</i> )   |  |   |  |  |
| 12. ADJUSTABLE GROSS SALES ( <i>Line 1 Minus Line 11</i> )   |  | →   |  |  |
| COMPUTATION OF SALES AND USE TAX - Please use the following columns to report taxable activities:<br>Column A - City of Plaquemine, Town of Maringouin, Town of White Castle, Village of Rosedale, Village of Grosse Tete, Iberville Parish-Unincorporated Areas<br>Column B - City of St. Gabriel Corporate Limits Only<br>*Column D - UCC Economic Dev. Dist. St. Gabriel Corp. Limits |  | Col. A (5.250%)<br>Parishwide<br>excluding<br>City of St. Gabriel | Col. B (5.916%)<br>City of St. Gabriel<br>Corporate<br>Limits only | Col. D (7.916%)<br>UCC Economic<br>Dev. Dist. St. Gabriel<br>Corp. Limits* |
| 13. ADJUSTED GROSS SALES IN EACH JURISDICTION  |  |   |  |  |
| 14. PURCHASES SUBJECT TO USE TAX IN EACH JURISDICTION  |  |   |  |  |
| 15. TOTAL TAXABLE TRANSACTIONS ( <i>Line 13 plus Line 14</i> )   |  |   |  |  |
| 16. TAX DUE ( <i>Column A - Line 15 x .05250</i> ) ( <i>Column B - Line 15 x .05916</i> ) ( <i>Column D - Line 15 x .07916</i> )   |  |   |  |  |
| 17. EXCESS TAX COLLECTED   |  |   |  |  |
| 18. TOTAL TAX DUE ( <i>Line 16 plus Line 17</i> )  |  |   |  |  |
| 19. VENDORS COMPENSATION ( <i>1.5% Line 18</i> ) ( <i>Only if Payment is not Delinquent</i> ) ( <i>Line 18 x .015</i> )  |  |   |  |  |
| 20. NET TAX DUE ( <i>Line 18 Minus Line 19</i> )   |  |   |  |  |
| 21. PENALTY ( <i>5% Tax for Each 30 Days or Fraction Thereof, 25% Max</i> )  |  |   |  |  |
| 22. INTEREST ( <i>1.00% per month calculated from date due until paid</i> )  |  |   |  |  |
| 23. TOTAL TAX, PENALTY, AND INTEREST DUE ( <i>Sum of Line 20-22</i> )  |  |   |  |  |
| 24. TAX DEBIT OR CREDIT ( <i>Authorized Memo Must Be Attached</i> )  |  |   |  |  |
| 25. TOTAL AMOUNT DUE ( <i>Line 23 plus or Minus Line 24</i> )  |  |   |  |  |
| 26. TOTAL REMITTED ( <i>Total of Line 25 Columns A, B &amp; D</i> )  |  |   |  |  |

**HAVE YOU USED THE PROPER COLUMN?**

I declare under 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 complete 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 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 on the 21st day.**

|                       |   |                                      |             |
|-----------------------|---|--------------------------------------|-------------|
| DATE PREPARED         | SIGNATURE OF INDIVIDUAL OR AGENT & PHONE NUMBER | SIGNATURE OF PREPARER & PHONE NUMBER |             |
| Parish Account Number | State Tax ID Number                             | Phone Number for Contact Person      | Reviewed By |

**PLEASE INDICATE ANY CHANGES BELOW**

|                                       |                      |                    |
|---------------------------------------|----------------------|--------------------|
| <input type="checkbox"/> FINAL RETURN | Date business closed | Date business sold |
| Name of New Owner                     |                      |                    |
| Mailing address change                |                      |                    |
| Location address change               |                      |                    |