

St. Charles Parish Public Schools

Sales and Use Tax Office
13855 River Road
Luling, Louisiana 70070-0046
Phone (985) 785-6289
Fax (985) 785-7246



APPLICATION FOR EXEMPTION CERTIFICATE

Account # _____

Account Name: _____

Telephone # _____

Business Owner's Name: _____ Federal I.D. # _____

Mailing Address: _____ Zip Code: _____

Nature of Business: _____

Purpose of Request for Exemption Certificate: _____

ACKNOWLEDGMENT

I, _____, acting in an authorized capacity for
_____ do hereby certify that the information
contained herein is true and correct to the best of my knowledge and that the certificate requested will
be solely for the purpose(s) specified in this application. Use of this certificate for any purpose other
than made known in this application shall subject applicant to full penalties under the law of this
state and local ordinances.

Signed: _____

Date: _____

FOR OFFICE USE ONLY:

Received: _____

Request: _____ Granted: _____ Denied

Expiration Date: _____

If denied, give reason: _____

Retailer: _____

Manufacturer: _____

Other: _____

Signed: _____

Sales and Use Tax Department

Application for Refund of Taxes Paid



Parish of: _____

Taxpayer Name: _____

Type of Tax: _____ Account No.: _____

Period(s): _____

1. Taxes remitted: _____

2. Taxes due, as amended: _____

3. Refund requested: _____

This refund is claimed for the following reason(s) (check all that apply):

- The tax was overpaid because of an error on the part of the taxpayer in mathematical computation on the face of the return or on any of the supporting documents.
- The tax was overpaid because of a construction of the law on the part of the taxpayer contrary to the collector's construction of the law at the time of payment.
- The overpayment was the result of an error, omission, or a mistake of fact of consequence to the determination of the tax liability, whether on the part of the taxpayer or the collector.
- The overpayment resulted from a change made by the collector in an assessment, notice, or billing issued under the provisions of this Chapter.
- The overpayment resulted from a subsequent determination that the taxpayer was entitled to pay a tax at a reduced tax rate.
- The overpayment was the result of a payment that exceeded either the amount shown on the face of the return or voucher, or which would have been shown on the face of the return or voucher if a return or voucher were required.
- Other (describe): _____

If this application for refund is for multiple months, please attach monthly detail of taxes remitted, taxes due and refund amounts requested as indicated below:

- Prepare an amended return for the applicable period.
- Adjust the original return for any returns, exemptions, exclusions, etc.
- If all documentation is not received, the Refund Request will not be considered received and ready for review. For example: original invoice, credit invoice, original tax return, and proof of payment. For bad debt write offs, please supply the state's approval letter and the corresponding federal income tax return.
- Provide clear and convincing evidence that an overpayment has been made.

Under the penalty of perjury, I declare all of the facts as set forth herein, to the best of my knowledge and belief, including all accompanying documentation, are true, correct and complete.

Printed Name of Applicant

Signature of Applicant

Title

Date

Request to Close Account

Account# _____

Date: _____

Please close our St. Charles Parish Sales Tax account as of _____.
(Date)

We request the closing for the following reason:

Business Name: _____

Business Address: _____

Signature

For Office Use Only

Returned Mail Rec. Correspondence to close acct

Phone Disconnected Website No Longer Active

Office notes: _____

The return DUE on the 1st day of month following period covered by the return and becomes DELINQUENT On 21st day.

St. Charles Parish School Board
St. Charles Parish Council
SALES AND USE TAX REPORT

Make All Remittances Payable To
ST. CHARLES PARISH
SCHOOL BOARD
SALES TAX DEPARTMENT

BILLING CYCLE

ACCOUNT NUMBER

MONTH OF

1. GROSS SALES OF TANGIBLE PROPERTY, LEASES, RENTALS, AND SERVICES AS REPORTED TO THE STATE OF LOUISIANA	
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ALLOWABLE DEDUCTIONS

2. SALES FOR RESALE	
3. SALES RETURNS & ALLOWANCES, CASH DISCOUNTS	
4. SALES DELIVERED OR SHIPPED OUTSIDE THIS JURISDICTION	
5. SALES OF GASOLINE OR MOTOR FUELS	
6. SALES TO U.S. GOV'T AND STATE OF LOUISIANA	
7. FOOD STAMPS & W.I.C. SALES	
8. DIRECT PAY PERMIT SALES	
OTHER DEDUCTIONS AUTHORIZED BY LAW (EXPLAIN BRIEFLY)	
9.	
10.	

11. TOTAL ALLOWABLE DEDUCTIONS (lines 2 thru 10)	
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COMPUTATION OF SALES AND USE TAX

12. ADJUSTED GROSS SALES (line 1 minus line 11)	
13.	
14. PURCHASES SUBJECT TO USE TAX IN EACH JURISDICTION	
15. TOTAL (line 12 plus line 14)	
16. TAX (5% of line 15)	
17. EXCESS TAX COLLECTED	
18. TOTAL (line 16 plus line 17)	
19. VENDOR'S COMPENSATION (1.0% of line 18 if not delinquent)	
20. NET TAX DUE (line 18 minus line 19)	
21. DELINQUENT PENALTY (5% of tax for each 30 days or fraction thereof of delinquency, not to exceed 25% in the aggregate)	
22. INTEREST (15% per annum from due date until paid)	
23. TOTAL TAX, PENALTY, AND INTEREST DUE	
24. TAX DEBIT OR CREDIT (authorized memo must be attached)	
25. TOTAL AMOUNT DUE (line 23 plus or minus line 24)	

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 the taxpayer, his declaration is based on all the information relating to the matters requiring to be reported in the return for which he has my knowledge.

TO AVOID PENALTIES RETURN SHOULD BE TRANSMITTED ON OR BEFORE THE 20TH DAY FOLLOWING THE PERIOD COVERED.

Date	Sign Here	Signature of Preparer Other Than Taxpayer	Reviewed By
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ST. CHARLES PARISH SCHOOL BOARD
SALES AND USE TAX DEPARTMENT
13855 River Road
LULING, LA 70070
(985) 785-3118 or (985) 785-3125

NON-PROFIT ORG
U.S. POSTAGE
PAID
Luling, LA
Permit No. 9

ADDRESS SERVICE REQUESTED

MAIL ORIGINAL TO:
ST. CHARLES PARISH SCHOOL BOARD
 Sales/Use Tax Dept.
 13855 River Road
 Luling, LA 70070
 Phone: (985) 785-3118
 Fax: (985) 785-7246

APPLICATION FOR
ST. CHARLES PARISH
SALES & USE TAX
 Registration Certificate

FOR OFFICE USE ONLY

Date Received
Clerk

1. A. Trade Name	B. Phone No. (Area Code)
C. Mailing Address	D. City, State, Zip Code
E. Fax No. (Area Code)	

2. Physical Location - Street, City, State, Zip Code

3. Type of Organization

A. <input type="checkbox"/> Individual	B. <input type="checkbox"/> Corporation
C. <input type="checkbox"/> Partnership	D. <input type="checkbox"/> Other

4. A. If Sole Owner (Individual) Name _____ Driver's Lic # _____ Soc. Sec. # _____

B. Home Address - Street, City, State, Zip Code _____ Home Phone # _____

C. Personal Reference - Name - Home Address - Street, City, State, Zip Code _____ Home Phone # _____

5. If Corporation or Partnership

Name, Title, SSN of Officers Or Partners	Name	Title	Soc. Sec. #
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

6. How many places of business do you operate within the parish of St. Charles (including this one) _____. If you operate more than one place of business, separate and complete sales tax registrations must be made for each location. If you prefer to file a consolidated sales tax return, it must be supported by separate data for each location.

7. Date Business Started at this Location or First Sale Within St. Charles Parish

Month	Day	Year	8. Reason for Applying	A. <input type="checkbox"/> Started New Business C. <input type="checkbox"/> Other (specify)
_____	_____	_____		B. <input type="checkbox"/> Purchased Ongoing Business - Name of Business Purchased - Name of Previous Owner

9. Name of Contact Person _____

Preparing Tax Returns _____ Phone no. _____

10. Nature of Business Describe in Detail Your Business: Type of Sales, Activity, or Service you perform.

10 b. Email Address _____

11. Federal Employer ID # <input type="checkbox"/> None	12. LA Sales Tax # <input type="checkbox"/> None	13. Preferred Method of Reporting:
_____	_____	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY
		<input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL

I affirm that the information given on this application and attached schedules is true and correct.

Signature of Applicant _____	Title _____
X	Date of Application _____
Signature of Preparer if different from above _____	

LIST OF TOWNS LOCATED WITHIN ST. CHARLES PARISH

- | | |
|--------------------------|---------------------------------|
| Luling.....70070 | Norco/Good Hope.....70079 |
| Hahnville/Taft.....70057 | Montz, R.F.D. (LaPlace)..70068 |
| Boutte.....70039 | New Sarpy.....70078 |
| Ama.....70031 | Destrehan.....70047 |
| Killona.....70066 | St. Rose, R.F.D. (Kenner) 70087 |
| Paradis.....70080 | |
| Des Allemands.....70030 | |

FOR OFFICIAL USE ONLY

Location/Status	Classification	Account Number