

HOTEL - MOTEL TAX REPORT

Make all remittances payable to:
 Calcasieu Parish School Board
 SALES TAX DEPT.
 PO Drawer 2050
 Lake Charles, LA 70602-2050

ACCOUNT NO.:

MONTH

YEAR

		A Calcasieu Parish 4%	B Hope EDD 6%
1. Gross Rentals	1		
ALLOWABLE DEDUCTIONS			
A. Government Employees (Exemption Certificate Required)			
B. Other Deductions Authorized by Law (Explain Briefly)			
2. Total Allowable Deductions (Line A thru Line B)	2		
3. Amount Taxable (Line 1 minus Line 2)	3		
TAX COMPUTATION			
4. Comp. Rooms Taxable Amount - For Riverboats & Racetracks Only - Schedule B Line C	4		
4a. Schedule B Line 1 - Number of Comp. Rooms for Month			
5. Total Amount Taxable (Line 3 plus Line 4)	5		
6. Tax Due (Multiply Line 5 by % in column)	6		
7. Excess Tax Collected	7		
8. Total Amount of Tax Due (Line 6 plus Line 7)	8		
9. Less Vendor's Comp. (1% of Line 8 if Paid by the 20th of the Month Due)	9		
10. Net Amount Tax Due (Line 8 minus Line 9 if Not Delinquent)	10		
11. Penalty - 5% of Tax for Each 30 Days or Fraction Thereof Not to Exceed 25% Aggregate	11		
12. Interest - 1 1/4% of Tax Due Each 30 Days or Fraction Thereof From Date Due Until Paid.	12		
13. Total Amount Due (Add Lines 10 thru 12)	13		
14. Authorized Debit/Credit Memo--copy attached	14		
15. Total Amount Due (Line 13 plus or minus Line 14)	15		

Total A+B Line 15

Total Remittance

This return is due on the 1st day of the month following the period covered by this return and becomes delinquent if not transmitted on or before the 20th day.

WARNING: DO NOT Include with Sales Tax Check. Please issue separate payment.

I declare, under the 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 required to be reported in the return of which he has any knowledge.

AUTHORIZED SIGNATURE _____	DATE _____	REVIEWED BY _____
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