

LAFAYETTE PARISH SCHOOL SYSTEM
SALES TAX DIVISION

411 East Vermilion Street
P. O. Box 3883
Lafayette, LA 70502

337/232-3912
337/235-5275 FAX

www.laota.com
www.lpssonline.com

Sales Tax Application

1. Reason for Applying

- A. Started new business
- B. Purchased ongoing business
- Name of previous owner _____
- Trade name of previous owner _____
- Parish account number _____
- C. Opening additional location
- D. Merger _____
- E. Change of name _____
- F. Other _____

2. A. LA Sales Tax Number

_____ Applied For None

B. Federal Identification Number

_____ Applied For None

C. Federal Standard Industrial Code _____ (if unknown, please leave blank)

D. How many other locations in this Parish? _____

3. A. Legal Name(s) (Individuals, partners, or corporation)

B. Trade name of business

4. A. Business location address

_____ (Street, route or highway - NOT P.O. Box)

B. City: _____ State: _____ C. Zip: _____ D. Telephone: _____

E. Parish in Louisiana: _____

5. A. Address for receiving tax forms and correspondence

(If same as location, write "same")

B. City:

State:

C. Zip:

6. A. Contact Person:

B. Contact Phone Number:

C. Fax Number:

D. E-Mail Address:

E. Web Site Address:

F. Location of Accounting Records:

7. Type of Organization

A. Individual

C. Corporation

E. LLP

G. Non-Profit

B. Partnership

D. LLC

F. Governmental

H. Other

8. If sole owner (individual):

Name:

SSN:

Home Address:

Telephone:

City:

State:

Zip:

9. If Corporation, LLC, LLP, or Partnership: name, title, social security number, home address, and telephone number of officers, members, managers, or partners:

Name:

Title:

SSN:

Telephone:

Home Address:

City:

State:

Zip:

Name:

Title:

SSN:

Telephone:

Home Address:

City:

State:

Zip:

10. Agent for service of process: name, physical address, and phone number

11.

A. First date sales will be made from this location

B. Date business first started operations

12. A. Nature of Business

- Retail Sales Repair Service Retail Service
 Wholesale Manufacturing/Fabricating Contractor
 Other

B. Describe in detail your business: type of sales, activity, or service you perform

13. Requested Reporting Status

- Monthly Semi-Annual
 Quarterly Annual
 Occasional/Irregular

Reporting frequency and filing status will be determined by the Administrator according to parish policy. Businesses with a location within a parish will automatically be registered to file on a monthly basis. Occasional/irregular filers are intended for those businesses (1) that do not have a location within the parish and do not intend on doing business on a regular basis or (2) business that performs services that are not taxable.

14. Where do you anticipate your taxable transactions to occur?

- Parish Wide
 State Wide
 Other

15. Do you desire to have blank reports mailed to your business?

- Yes No

Please note that each collector reserves the right to reject any self-generated reports that does not meet minimum qualifications. Additionally, some parishes may mail blank reports regardless of how this question is answered.

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

Signature of Applicant

Title

Signature of Preparer

Date