

**Hotel/Motel Tax Report**

Make Remittance Payable To:  
**Iberville Parish Sales Tax Department**

**Parish of Iberville**  
**Sales Tax Department**  
P O Box 355  
Plaquemine, LA 70765-0355  
Phone (225) 687-5200 Fax (225) 687-5226

**ROUND ALL FIGURES TO THE NEAREST DOLLAR**

Account Number  
Open Date:

Location:

Filing Period (Month and Year): \_\_\_\_\_

Column A  
Iberville Parish 2%

Column B  
UCC EDD 2%

1. Gross Rentals	_____	_____
2. Allowable Deduction:		
Federal, State & Local Government Rentals:	_____	_____
3. Tax Basis ( Total Gross Rentals Less Deduction):	_____	_____
4. Tax Due (based on column % of Line 3)	_____	_____
5. Penalty (5% per month after delinquent date): <i>Note: Maximum Penalty is 25%</i>	_____	_____
6. Interest (1.25% per month after delinquent date):	_____	_____
7. Total Amount Due (Tax + Penalty + Interest):	_____	_____

Rooms <b>RENTABLE</b> this period:	_____
Rooms <b>RENTED</b> this period:	_____

CHECK #		TOTAL REMITTED	
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Return is DUE on the 1st day of the month following the period covered by this return and becomes DELINQUENT if not postmarked prior to the 21st day.

For Assistance call our office.

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.

_____	_____	_____	_____
Date	Signature	Title	Phone

For Office Use Only: Postmark Date:	Return Type:	Form 70
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