

Application for Certification as a Manufacturer or Farmer for the Purpose of the Sales/Use Tax Exclusion

for Manufacturing Machinery and Equipment

Louisiana R.S. 47:301(3)(i), 301(3)(k), 301(13)(k)(i) and 305.25(A)

Louisiana Department of Revenue Special Programs Division PO Box 4998 Baton Rouge, LA 70821-4998

Telephone: (225) 219-7462 • TDD: (225) 219-2114

Questions about the completion of this application should be sent to Sales.

Please submit completed application to the Louisiana Department of Revenue, Special Programs Division at the address listed above. All applications must be accompanied by the applicant's Federal Income Tax return.

Part 1				
egal Name		Trade Name		
Louisiana Plant Facility Address	<u> </u>			
City		State	ZIP	
Mailing Address			<u>I</u>	
City		State	ZIP	
Contact Person		Telephone Number		
	Department of Re nt numbers for which			
*Businesses must have a Louisiana Sales Tax Account Number prior to submission of this application. Online tax registration is available at www.revenue.louisiana.gov.	*Sales:			
	Withholding:			
	Corporate Income / Franchise:			
Part 3 Louisian	Louisiana Workforce Commission Information			
Is this business required to register with the Louisiana endar quarter or employ at least 10 employees that work some po	Workforce Comm	ission? (Ag	ricultural employers that pay at least \$20,000 in w	vages during a cal-
☐ YES ☐ NO (If you answered no to this question, go direct	tly to Part 4.)			
IF YES: Louisiana Workforce Commission Employer Account I (Contact the LWC at (225) 342-3160 for assistance.)	File Number:			
North American Industry Classification System (busine (Use the North American Industry Classification System (NAICS) of	• ,		•	ation.)
(If you answer	red yes to the questior	above, go d	rectly to Part 5.)	
Part 4				
Businesses that are not required to register with the Lofiled federal income tax return and include a copy of the fe				the most recently
IAICS Code: Copy of form submitted:				
New businesses that have not filed a federal income ta will be primarily engaged in a business activity classified with American Industry Classification System codes, please contains	nin the North Americ	an Industry (Classification System. For information on the	
Part 5				
Description of Business: (Attach additional sheet(s) if necess	esary.)			
Finished goods produced:				
Signature of Owner/Officer			Title	Date