



2025 Occupational Tax Certificate Renewal Application

13646 Perkins Rd., St. George, LA 70810 | PO Box 82114, St. George, LA 70884 | P: 225.228.3200 | stgeorgela.gov

BUSINESS NAME _____ DATE: _____

BUSINESS ADDRESS _____

CITY, STATE ZIP _____

BUSINESS CLASS: _____

PLEASE REFER TO THE TABLE THAT APPLIES TO YOUR BUSINESS CLASS TO FIGURE YOUR TAX.

(A) TOTAL GROSS ANNUAL SALES/SERVICE FOR PRIOR YEAR: _____ (A)

ALLOWABLE DEDUCTIONS (IF APPLICABLE):

(1) PETROLEUM TAXES _____ (1)

(2) UNDERTAKING AND FUNERAL DIRECTING _____ (2)

(3) INTERSTATE SALES OF STOCK AND BONDS _____ (3)

(4) SALES OF MOTOR VEHICLES AND BOATS _____ (4)

(B) TOTAL ALLOWABLE DEDUCTIONS _____ (B)
(ADD LINES 1-4)

(C) TOTAL BASIS (TOTAL LESS DEDUCTIONS): _____ (C)
(A MINUS B)

(D) TAX (BASED ON ATTACHED TABLE 1): _____ (D)

(E) INTEREST 1.25%/MONTH (IF NOT PAID BEFORE 3/1/2025) _____ (E)

(F) PENALTY 5%/MONTH (IF NOT PAID BEFORE 3/1/2025) – 25% MAX _____ (F)

(G) TOTAL DUE (TAX + INTEREST + PENALTY) _____ (G)
(ADD D+E+F)

**APPLICATION AND PAYMENT DUE 1/1/2025
PAYMENT IS DELINQUENT 3/1/2025**

IT IS REQUIRED THAT ALL BUSINESSES COMPLETE THIS FORM IN ITS ENTIRETY, SIGN, DATE AND RETURN TO THIS OFFICE.

MAKE REMITTANCE PAYABLE TO THE CITY OF ST. GEORGE AND RETURN ORIGINAL COPY AND PAYMENT TO:
ST. GEORGE MUNICIPAL SERVICES, P.O. BOX 82114, ST. GEORGE, LA 70884

I SWEAR (OR AFFIRM) THAT THE INFORMATION ON THIS APPLICATION HAS BEEN EXAMINED BY ME AND IS TRUE AND CORRECT.

TITLE SIGNATURE PRINTED NAME

EMAIL ADDRESS: _____ PHONE NUMBER: _____