



This is a FILL-IN format. Please do not handwrite any data

File this return for the months Oct 1, 2016 - Sept 30, 2017.

Taxpayer Identification Number: Fill in: if FEIN if SSN

Account number:

Business name:

Mailing address line 1:

Mailing address line 2:

City: State: Zip Code + 4:

Due date: Fill in: if amended return if final return (See instructions)

Tax period ending (MMYY):

OFFICIAL USE ONLY Vendor ID#0002

Sales tax licensees must file a return even if no sales were made or no tax or fees are due.

Column A — Description	Column B — Taxable amount	Tax rate	Column C — Tax due – multiply column B by tax rate, enter here
1. Use Tax on Purchases Taxable at 5.75%	1B \$ <input type="text"/>	X .0575	1C \$ <input type="text"/>
2. Gross Sales	2B \$ <input type="text"/>		
3. Sales Taxable at 5.75%	3B \$ <input type="text"/>	X .0575	3C \$ <input type="text"/>
4. Sales and Purchases of Off-Premises Alcohol Taxable at 10%	4B \$ <input type="text"/>	X .10	4C \$ <input type="text"/>
5. Other Sales and Purchases Taxable at 10%	5B \$ <input type="text"/>	X .10	5C \$ <input type="text"/>
6. Sales for Parking Taxable at 18%	6B \$ <input type="text"/>	X .18	6C \$ <input type="text"/>
7. Reserved	7B \$ <input type="text"/>	X ____	7C \$ <input type="text"/>
8. Sales and Purchases Taxable at 14.5%	8B \$ <input type="text"/>	X .145	8C \$ <input type="text"/>
9. Reserved	9B \$ <input type="text"/>	X ____	9C \$ <input type="text"/>
		10. Enter 2% of 911 sales receipts less 3% discount	10C \$ <input type="text"/>
		11. Disposable Carryout Bag Fee (Net of discount)	11C \$ <input type="text"/>
		12. Reserved	12C \$ <input type="text"/>
		13. Penalty – 5% per month with a maximum of 25% See instructions	13C \$ <input type="text"/>
		14. Interest – 10% per year See instructions	14C \$ <input type="text"/>
		15. Total Amount Due (Add Lines 1C - 14C)	15C \$ <input type="text"/>

Will this payment come from an account outside the U.S.? Yes No See instructions.

Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions.

Designee's name: Phone number:

Under penalties of law, I declare that this return is correct, to the best of my knowledge. Declaration of paid preparer is based on the information available to the preparer.

PLEASE SIGN HERE

Taxpayer's signature: Title: Date:

PAID PREPARER ONLY

Preparer's signature (if other than taxpayer): Date:

Firm name and address:

Telephone Number of Person to Contact:

Preparer's Tax Identification Number (PTIN):