

Government of the District of Columbia

2008 FR-800M SUB Sales and Use Tax Monthly Return



OFFICIAL USE ONLY

Taxpayer Identification Number: 123456789
Mark if: FEIN
Period Ending (MMDDYYYY): MMDDYYYY
Mark if: SSN

Business Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ

Mailing Address Line #1: 12345ABCDEFHIJKLMNOPQ

Due Date: MMDDYY
Mark if: Amended return
Mark if: final return

Mailing Address Line #2: 12345ABCDEFHIJKLMNOPQ

Mark if: certified QHTC

City: ABCDEFGHIJKLMNOPQ
State: AB
Zipcode + 4: 123456789

Account Number (provided by OIR): 123123123123
NAICS Code: 123456

File a return even if no sales were made or no sales or use tax is due

COLUMN A - DESCRIPTION	COLUMN B - TAXABLE AMOUNT	TAX RATE	COLUMN C - TAX DUE - Multiply col B by tax rate, enter here.
1 USE Taxable at 5.75%	1B \$123456789.99	X .0575	1C \$123456789.99
2 USE Taxable at 9%	2B \$123456789.99	X .09	2C \$123456789.99
3 USE Taxable at 10%	3B \$123456789.99	X .10	3C \$123456789.99
4 USE - other tobacco Taxable at 12%	4B \$123456789.99	X .12	4C \$123456789.99
5 QHTC exempt purchases excluded from Line 1B	5B \$123456789.99		
6 TOTAL USE TAX (Add Lines 1C, 2C, 3C and 4C)			6C \$123456789.99
7 SALES Taxable at 5.75%	7B \$123456789.99	X .0575	7C \$123456789.99
8 SALES Taxable at 9%	8B \$123456789.99	X .09	8C \$123456789.99
9 SALES Taxable at 10%	9B \$123456789.99	X .10	9C \$123456789.99
10a SALES - parking Taxable at 12%	10aB \$123456789.99	X .12	10aC \$123456789.99
10b SALES - other tobacco Taxable at 12%	10bB \$123456789.99	X .12	10bC \$123456789.99
11 SALES Taxable at 14.5%	11B \$123456789.99	X .145	11C \$123456789.99
12 TOTAL TAXABLE SALES (Add Lines 7B - 11B)	12B \$123456789.99	12. TOTAL SALES TAX (Add Lines 7C - 11C)	12C \$123456789.99
13 Total exempt sales (Include Line 14B)	13B \$123456789.99		
14 QHTC exempt sales	14B \$123456789.99		
15 Total sales (Add Lines 12B and 13B)	15B \$123456789.99	16. TAX AMOUNT DUE (Add Lines 6C and 12C)	16C \$123456789.99

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 _____

MMDDYYYY

Date

Telephone Number of Person to Contact: 1234567890

PAID PREPARER ONLY

Preparer's Signature (If other than taxpayer) _____

MMDDYYYY

Date

Paid Preparer's FEIN, SSN or PTIN: 123456789

Firm Name _____

Firm Address _____

Make check or money order payable to the DC Treasurer. Include your FEIN or SSN, "FR-800M" and tax year on your payment. Mail return and payment to: DC Office of Tax and Revenue, PO Box 96384, Washington, DC 20090-6384