

2009 FR-800SE Sales and Use Tax  
Special Event Return



Taxpayer Identification Number  Fill in: ☐ if FEIN ☐ if SSN Period Ending (MMDDYYYY)  OFFICIAL USE ONLY

5.75% rate changed to 6% 10/01/09 – use this return for months Oct., Nov. and Dec.

Business name  Event name   
Mailing address line 1  Fill in ☐ if Amended return  
Mailing address line 2  NAICS code  Due date   
City  State  Zip Code + 4

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 column B by tax rate, enter here
1. Use Taxable at 6% 1B	\$ <input type="text"/>	X .06	1C \$ <input type="text"/>
2. Use Taxable at 9% 2B	\$ <input type="text"/>	X .09	2C \$ <input type="text"/>
3. Use Taxable at 10% 3B	\$ <input type="text"/>	X .10	3C \$ <input type="text"/>
4. Use - other tobacco Taxable at 12% 4B	\$ <input type="text"/>	X .12	4C \$ <input type="text"/>
<b>5. Total use tax</b> (Add Lines 1C, 2C, 3C and 4C)			<b>5C</b> \$ <input type="text"/>
6. Sales Taxable at 6% 6B	\$ <input type="text"/>	X .06	6C \$ <input type="text"/>
7. Sales Taxable at 9% 7B	\$ <input type="text"/>	X .09	7C \$ <input type="text"/>
8. Sales Taxable at 10% 8B	\$ <input type="text"/>	X .10	8C \$ <input type="text"/>
9. Sales - parking Taxable at 12% 9B	\$ <input type="text"/>	X .12	9C \$ <input type="text"/>
10. Sales - other tobacco Taxable at 12% 10B	\$ <input type="text"/>	X .12	10C \$ <input type="text"/>
11. Sales Taxable at 14.5% 11B	\$ <input type="text"/>	X .145	11C \$ <input type="text"/>
<b>12. Total taxable sales</b> 12B (Add Lines 6B–11B).	\$ <input type="text"/>	<b>12. Total sales tax</b> 12C (Add Lines 6C– 11C)	\$ <input type="text"/>
13. Total exempt sales 13B	\$ <input type="text"/>		
14. Total sales 14B (Add Lines 12B and 13B)	\$ <input type="text"/>		
		<b>15. Total amount due</b> 15C (Add Lines 5C and 12C)	\$ <input type="text"/>

PLEASE  
SIGN  
HERE

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.

Telephone Number of Person to Contact

Taxpayer's signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

PAID  
PREPARER  
ONLY

Preparer's signature (if other than taxpayer) \_\_\_\_\_ Date \_\_\_\_\_

Paid Preparer's FEIN, SSN or PTIN

Firm name and address

Make check or money order payable to the DC Treasurer. Include your FEIN or SSN, "FR-800SE" and tax period on your payment.  
Mail return and payment to: Office of Tax and Revenue, PO Box 37559, Washington DC 20013-7559.