

2010 FR-800SE Sales and Use Tax Special Event Return



| Taxpayer Identification Number | | | Fill in: if FEIN Tax Period Ending (MMYY) Fill in: if SSN | | | | | OFFICIAL USE ONLY | | | | | | | | |
|---|---|------------------|--|--------------------|------------|--------------|---|---|---------------------------------------|--------|-----------|------------|-----------|-----------|-----------|--------|
| Business name | | | | | | | Due date | | Fill in if Amended retur | | | | | | | |
| Mailing addres | e lina 1 | | | | | | | | | | ' | Fill in |) IT | Amende | a return | l |
| nannig addres | 3 11116 1 | | | | | | | | | | | | | | | |
| lailing address | s line 2 | | | | | | | Event name | | | | | | | | |
| City | у | | | State Zip Code + 4 | | | | | | l: | | ust file | | | :¢ | |
| | | | | | | | | | | | | r no ta | | | | 0 |
| olumn A — D | escription | | Column E | 3 — Taxab | le amount | | Tax Rate | | Colu | mn C — | - Tax due | e – multip | oly colur | mn B by | tax rate, | enter |
| Use Tax on P | | 1B \$ | | | | | X .06 | | 1C | | | | | | | |
| Gross Sales | | 2В \$ | | | | | | | | | | | | | | |
| Sales Taxable at 69 | % | 3B \$ | | | | | X .06 | | 3C | | | | | | | |
| Sales and Pu Taxable at 99 | | 4B \$ | | | | | X .09 | | 4C | | | | | | | |
| Sales and Pu Taxable at 10 | | 5B \$ | | | | | X .10 | | 5C | | | | | | | |
| Sales for Park Taxable at 12 | king | 6B \$ | | | | | X .12 | | 6C | | | | | | | |
| Sales and Purchases of Other Tobacco Taxable at 12% | | 7В \$ | | | | | X .12 | | 7C | | | | | | | |
| Sales and Purchases Taxable at 14.5% | | 8B \$ | | | | | X .145 | | 8C | | | | | | | |
| | | | | | | | 9. Total Sale Use Tax D (Add Line | | 9C | | | | | | | |
| | | | | | | | 10. Disposabl Bag Fee (Net of di | | 10C | | | | | | | |
| | | | | | | | 11. Total Tax | | 11C | | | | | | | |
| | | | | | | | | 5% per month eximum of 25% etions | 12C | | | | | | | |
| | | | | | | | 13. Interest - See instruc | 10% per year | 13C | | | | | | | |
| | | | | | | | 14. Total Amo (Add Line | ount Due s 11C - 13C) | 14C | | | | | | | |
| nder penaltie | es of law, l | declare that the | his return is | correct, to | the best o | f my knowled | lge. Declaration | n of paid prep | arer is | based | on the i | nformati | ion avai | ilable to | the prep | parer. |
| PLEASE SIGN | | | | | | | | | Telephone Number of Person to Contact | | | | | | | |
| HERE | Тахрауе | 's signature | | | Title | | Date | | | | | | | | | |
| PAID PREPARER ONLY | Preparer's signature (if other than taxpayer) | | | | | | Date | Date Paid Preparer's FEIN, SSN or PTIN | | | | | | | | |
| | Firm name and address | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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