

Government of the District of Columbia

2011 FR-800M SUB Sales and Use Tax Monthly Return



Taxpayer Identification Number
123456789

Mark if: SSN
Mark if: FEIN

Tax Period Ending (MMYY)
MMYY

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# **1234**

Business Name
ABCDEFGHIJKLMABCDEFGHIJ

Mailing Address Line #1
12345ABCDEFGHIJKLMABCDEFGHIJ

Mailing Address Line #2
12345ABCDEFGHIJKLMABCDEFGHIJ

Due Date:
MMDDYY

Mark if: amended return
Mark if: final return
(due to end of business operations)

Account Number
123123123123

City
ABCDEFGHIJKLMABCDEFGHIJ

State
AB

Zipcode + 4
123456789

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 col B by tax rate, enter here
1. Use Tax on Purchases Taxable at 6%	1B \$123456789.99	X .06	1C \$123456789.99
2. Gross Sales	2B \$123456789.99		
3. Sales Taxable at 6%	3B \$123456789.99	X .06	3C \$123456789.99
4. Sales and Purchases Taxable at 9%	4B \$123456789.99	X .09	4C \$123456789.99
5. Sales and Purchases Taxable at 10%	5B \$123456789.99	X .10	5C \$123456789.99
6. Sales for Parking Taxable at 12%	6B \$123456789.99	X .12	6C \$123456789.99
7. Sales and Purchases of Other Tobacco Taxable at 12%	7B \$123456789.99	X .12	7C \$123456789.99
8. Sales and Purchases Taxable at 14.5%	8B \$123456789.99	X .145	8C \$123456789.99
9. Total Sales and Use Tax Due (Add Lines 1C - 8C)			9C \$123456789.99
10. Enter 2% of 911 sales receipts less 3% discount			10C \$123456789.99
11. Disposable Carryout Bag Fee (Net of discount)			11C \$123456789.99
12. Total Tax and Fee (Add lines 9C - 11C)			12C \$123456789.99
13. Penalty - 5% per month with a maximum of 25%			13C \$123456789.99
14. Interest - 10% per year			14C \$123456789.99
15. Total Amount Due (Add lines 12C - 14C)			15C \$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