Government of the District of Columbia

2011 FR-800SE SUB Sales and Use Tax Special Event Return

1 1 8 0 0 0 6 1 0 0 0 1

***New tax rate effective July 1, 2011. File this return for the months July - Sept. 2011.**

Taxpayer Identification Number: 123456789

Mark if: X SSN
Mark if: X FEIN

Tax Period Ending (MMYY): MMYY

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1234

Business Name: ABCDEFGHIJKLABCDEFGHIJKLMABCDEFGHIJ

Due Date: MMDDYY

Mark if: X amended return

Mailing Address Line #1: 12345ABCDEFGHIJKLABCDEFGHIJKLA

Mailing Address Line #2: 12345ABCDEFGHIJKLABCDEFGHIJKLA

Event name: ABCDEFGHIJKLABCDEFGHIJKLAB12345678

City: ABCDEFGHIJKLABCDEFGH

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

* NOTE: Effective 7/1/11

For Line 4, multiply the taxable amount by 10% and enter the result on Line 4C.

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 MMDDYYYY

Telephone Number of Person to Contact: 1234567890

PAID PREPARER ONLY

Preparer's Signature (If other than taxpayer) _____ Date MMDDYYYY

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-800SE" and tax year on your payment.
Mail return and payment to: DC Office of Tax and Revenue, PO Box 96384 , Washington, DC 20090-6384

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REV 06/11