Government of the District of Columbia

2013 FR-329 SUB Consumer Use Tax on Purchases and Rentals



Leave lines blank that do not apply to you.

Personal information							SOF	TWARE D		-	-	ONLY		
Your first name	M.I. Last name vendor id# 1234													
ABCDEFGHIJKLABC	A	AB	CDEFGHIJK	LABC	DE	FGH								
Your social security number	Your Daytir		e number											
123456789	123456	7890									+			
Home address (number, street and apartme	ent number i	if applica	able)											
12345ABCDEFGHIJKLABCDEF														
ABCDEFGHIKJLABCDEFGHIJK	LABCDEF	1												
City				St	ate	Zipc								
ABCDEFGHIJKLABCDEFGH				I	B	123	3456	5789						
Sales and Use tax calculation					R	ound ce	ents to	the ne	arest	dolla	r. If	the an	nount	
				zero, leave the line					ınk.					
			Amount purch	ased		Rate				ax				
1 Merchandise, services, and rentals		\$	12345678	9.00	Х	.0575	-	1 \$	1:	234	56	789	. 0 0	
Include purchases of clothing, jewelry, furni														
and electronic equipment and rentals of furn and electronic equipment.	iture										+-			
See instructions for an expanded list.														
Alcoholic beverages		\$	12345678	9.00	Х	.10	=	2 \$	1	234	56	789	. 0 (
Purchases of catered food or drink or		\$	12345678	9.00	Х	.10	-	3 \$	1	234	56	789	. 0 (
rental of non-commercial vehicles											#			
Purchases of certain tobacco products		\$	12345678	9.00	Х	.12	=	4 \$	12	234	56	789	. 0 0	
5 Total tax due Add Lines 1, 2, 3 and	d 4.							5 \$	1	234	156	789	. 0 (
		Δttach	check or money	order	mac	le nava	hle t	o DC I	reac	SUPAR				
		Write your social security number and "2013 FR-329" on your payment.										nt.		
Signature Under penalties of the law, I declare t	:hat I have exar	mined this	return and to the be	st of my	knov	vledge it	is corr	ect.						
Declaration of paid preparer is based of														
Your signature	Date	9	Paid preparer's signat					ire Date						
		Paid preparer's PTIN					Paid preparer's phone number							
		123456789					1234567890							
Do not mail this form with your ir	ndividual ta	x return												
Please use a separate envelope. Send your signed and completed	original form	n by An	ril 15 2014 to						\Box	+	+			
Office of Tax and Revenue,	original IUII	п ру Ар	111 IV, <u>C</u> UI4 (0)						H		+			
1101 4th Street, SW FL4									\vdash		++-			

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Washington, DC 20024