





File this return for each of the 4 quarters of 2014 (Oct 2013 - Sept 2014).

	Taxpayer Identification Number						Fill in: if FEIN Account number							•		official use only Vendor ID#0002									
	Business name				Fill ir	n: O	if SSI	if SSN				Due date		Fill in if amended return Fill in if final return (See instruction							s)				
	Mailing address line 1													Tax period er	nding (N	ИМҮҮ)									
	Mailing address li	ailing address line 2				С					Cit	ity			State Zip Code + 4										
						Sa	les tax	license	es mu	ist file a	a retur	n even	if no sales wer	re made or no	tax or f	ees are	due.								
	ımn A — Descript					Col	umn B -	— Таха	ible an	nount			Tax ra	ate	Coli	umn C	— Tax c	lue – m	ultiply	colum	n B by	tax rate	e, enter	r here	
	Jse Tax on Purcha Taxable at 5.75%	ases 11	3 \$					Ш	Ш				X .0575		1C										
2. (	Gross Sales	21	3 \$																						
	Sales Taxable at 5.75%	31	3 \$									Ш	X .0575		3C							┸			
(	Sales and Purchas of Off-Premises Ald Taxable at 10%		\$										X .10		4C							I			
	Other Sales and Purchases Taxable at	5I 10%	3 \$										X .10		5C										
	Sales for Parking Taxable at 18%	61	3 \$										X .18		6C							I			
C	Sales and Purchas of Other Tobacco Taxable at 12%	ses 71	3 \$										X .12		7C							I			
	Sales and Purchas Taxable at 14.5%	ses 8I	3 \$										X .145		8C							I			
9. F	Reserved	91	3 \$										X		9C										
													10. Enter 2% sales recodiscount	eipts less 3%	10C										
													11. Disposabl Bag Fee (Net of dis		11C										
													12. Reserved		12C				Ι			I			
														5% per month eximum of 25%											
													14. Interest –	10% per year	14C	\$									
														s 1C - 14C)	15C	\$									
Will the funds for this payment come from an account outside the US? Yes No See Instructions.														_											
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 best of my knowledge.													e prep	arer.											
	PLEASE SIGN														Telephone Number of Person to Contact										
	HFRF —	axpayer's	signa	ture				Title			Date														
	PAID PREPARER —														Pa	Paid Preparer's PTIN									
	ONLY Pr	ture (if addres		ther than taxpayer)					Date																