



Government of the
District of Columbia

2014 FR-800V Street Vendors and Mobile
Food Services Minimum
Sales Tax Quarterly Return



This is a **FILL-IN** format. Please do not **handwrite** any data
on this form other than your signature.

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

Taxpayer Identification Number

Fill in

if FEIN

Account Number

Fill in

if SSN

Business name

Due date

OFFICIAL USE ONLY

Vendor ID#0002

Fill in

if amended return

Tax period ending (MMYY)

Fill in

if final return (See instructions)

Mailing address line 1

Mailing address line 2

City

State

Zip Code + 4

Sales tax licensees must file one return per license.

Column A — Description

Column B — Taxable amount

Tax rate

Column C — Tax due — multiply column B by tax rate, enter here

1. Sales Taxable at 5.75%

1B \$

0 0 0 0 0 0 0 0 . 0 0

X .0575

1C \$

0 0 0 0 0 0 0 0 . 0 0

2. Sales Taxable at 10%

2B \$

0 0 0 0 0 0 0 0 . 0 0

X .10

2C \$

0 0 0 0 0 0 0 0 . 0 0

3. Reserved

3B \$

0 0 0 0 0 0 0 0 . 0 0

X .

3C \$

0 0 0 0 0 0 0 0 . 0 0

4. Sales Tax Collected
Add Lines 1C, 2C and 3C
Enter total on Line 4C

4C \$

0 0 0 0 0 0 0 0 . 0 0

5. Sales Tax Due
Enter the greater of Line 4C
or \$375 on Line 5C

5C \$

0 0 0 0 0 0 0 0 . 0 0

6. Enter 2% of 911
sales receipts less 3%
discount

6C \$

0 0 0 0 0 0 0 0 . 0 0

7. Disposable Carryout
Bag Fee
(Net of discount)

7C \$

0 0 0 0 0 0 0 0 . 0 0

8. Reserved

8C \$

0 0 0 0 0 0 0 0 . 0 0

9. Penalty — 5% per month
with a maximum of 25%

9C \$

0 0 0 0 0 0 0 0 . 0 0

10. Interest — 10% per year

10C \$

0 0 0 0 0 0 0 0 . 0 0

11. Total Amount Due
(Add Lines 5C - 10C)

11C \$

0 0 0 0 0 0 0 0 . 0 0

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 preparer.

PLEASE
SIGN
HERE

Taxpayer's signature

Title

Date

Telephone Number of Person to Contact

0 0 0 0 0 0 0 0 0 0 0 0

PAID
PREPARER
ONLY

Preparer's signature (if other than taxpayer)

Date

Firm name and address

Paid Preparer's PTIN

0 0 0 0 0 0 0 0

**Make check or money order payable to the DC Treasurer. Include your FEIN or SSN, "FR-800V" and tax year on your payment.
Mail return and payment to: Office of Tax and Revenue, PO Box 96384, Washington DC 20090-6384.**