Government of the District of Columbia

## 2015 FR-800M SUB Sales and Use Tax Monthly Return



File this return for each of the months Oct 1, 2014 - Sept 30, 2015.

Taxpayer Identification Number 123456789

Mailing Address Line #1

ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHIJKL

Account Number 123123123123

SOFTWARE DEVELOPER USE ONLY Due Date VENDOR ID# 1234

MMDDYY

Tax Period Ending (MMYY)

amended return final return (See instructions)

**MMYY** 

Mark if: X

## 12345ABCDEFGHIJKLABCDEFGHIJKLA

Mailing Address Line #2

12345ABCDEFGHIJKLABCDEFGH ABCDEFGHIJKLABCDEFGH

Zipcode + 4 State 123456789 AB

3	aies tax	licensees must file a return even	II IIO S	ales were made	or no tax or lees	s are due.
DLUMN A - DESCRIPTION		COLUMN B - TAXABLE AMOUNT		TAX RATE	COLUMN C - TAX	DUE - multiply col B by tax rate, enter her
Use Tax on Purchases Faxable at 5.75%	1B	\$123456789.99		X .0575	1C	\$123456789.99
Gross Sales	2B	\$123456789.99				
Sales Taxable at 5.75%	3B	\$123456789.99		X .0575	3C	\$123456789.99
Sales and Purchases of Off-Premises Alcohol	4B	\$123456789.99		X .10	4C	\$123456789.99
Taxable at 10% Other Sales and Purchases Taxable at 10%	5 5B	\$123456789.99		X .10	5C	\$123456789.99
Sales for Parking Faxable at 18%	6B	\$123456789.99		X .18	6C	\$123456789.99
Reserved	7B	\$123456789.99		X .	7C	\$123456789.99
Sales and Purchases		\$123456789.99				\$123456789.99
Taxable at 14.5%	8B			X .145	8C	
Reserved	9B	\$123456789.99	10	X Enter 2% of 911 s	9C	\$123456789.99
				less 3% discount	10C	\$123456789.99
			11.	Disposable Carry (Net of discount)	out Bag Fee 11C	\$123456789.99
			12.	Reserved	12C	\$123456789.99
			13.	Penalty - 5% per n		\$123456789.99
				with a maximum o		\$123456789.99
			14.	Interest - 10% per	year 14C	
			15.	Total Amount Du (Add lines 1C - 14C)	9 15C	\$123456789.99
		ment come from an account outside to				
LEASE Under penalties	of law, I dec	lare that this return is correct, to the best of my	knowled			Telephone Number of Person to Contac
IERE Taxpayer's Sign	ature		Title	IVI	MDDYYYY e	1234567890
AID PRE- Preparer's Signa	iture (If other	than (axpayer)		N	IMDDYYYY	
RER ONLY				Da	ate	123456789
Firm Name						

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