

Government of the District of Columbia

2015 FR-800V SUB Street Vendors and Mobile Food Services Minimum Sales Tax Quarterly Return



1 5 8 0 0 0 9 1 0 0 0 1

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1234

Mark one of the following:
 if food truck
 if sidewalk vendor
 if ice cream truck
 if other vendor

Mark if: amended return
Mark if: final return (See instructions)

Taxpayer Identification Number 123456789
Mark if: FEIN
Mark if: SSN
Account Number 123123123123

Business Name ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLM

Due Date MMDDYY

Mailing Address Line #1 12345ABCDEF...GHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLM

Tax Period Ending (MMYY) MMY

Mailing Address Line #2 12345ABCDEF...GHIJKLMNOPQRSTUVWXYZ
City ABCDEFGHIJKLMNOPQRSTUVWXYZ
State AB Zipcode + 4 123456789

You must file a return to pay the minimum \$375 even if no sales were made. Sales tax licensees must file one return per license.

COLUMN A - DESCRIPTION	COLUMN B - TAXABLE AMOUNT	TAX RATE	COLUMN C - TAX DUE - multiply col B by tax rate, enter here
1. Sales Taxable at 5.75%	1B \$123456789.99	X .0575	1C \$123456789.99
2. Sales Taxable at 10 %	2B \$123456789.99	X .10	2C \$123456789.99
3. Reserved	3B \$123456789.99	X .	3C \$123456789.99
4. Sales Tax Collected Add Lines 1C, 2C and 3C Enter total on Line 4C.....			4C \$123456789.99
5. Sales Tax Due Enter the greater of Line 4C or \$375 on Line 5C			5C \$123456789.99
		6. Enter 2% of 911 sales receipts less 3% discount	6C \$123456789.99
		7. Disposable Carryout Bag Fee (Net of discount)	7C \$123456789.99
		8. Reserved	8C \$123456789.99
		9. Penalty - 5% per month with a maximum of 25%	9C \$123456789.99
		10. Interest - 10% per year	10C \$123456789.99
		11. Total Amount Due (Add lines 5C - 10C)	11C \$123456789.99

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 _____

MMDDYYYY
Date

Telephone Number of Person to Contact
1234567890

PAID PREPARER ONLY

Preparer's Signature (If other than taxpayer) _____

MMDDYYYY
Date

Preparer's Tax Identification Number (PTIN)
123456789

Firm Name _____

Firm Address _____

2015 FR-800V SUB

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: DC Office of Tax and Revenue, PO Box 96384, Washington, DC 20090-6384