This is a FILL-IN format. Please do not handwrite any

Annual Return

	Number	Fill in:	if FEIN if SSN	Account N	lumber				FFICIAL 'endor	ID#0				
Business name		Ü				Due date			Fill in Fill in		if amended return if final return (See instructions)			
Mailing address line 1						Tax period	ending (MMYY)						
Walling address line 1														
Mailing address line	2				C	ity			State	Zip Code	+ 4			
	Sales	tax licensees	must file a	return eve	en if no s	ales were made or no tax o	r fees a	re due						
ımn A — Description		Column B -	— Taxable ar	nount		Tax rate	Colu	mn C -	— Tax du	e – multip	ly colum	n B by t	ax rate	e, enter
Jse Tax on Purchases axable at 5.75%	1B \$					X .0575	1C							
iross Sales	2B \$													
Sales Taxable at 5.75%	3B \$					X .0575	3C						I	
Sales and Purchases of Off-Premises Alcohol Taxable at 10%	4B \$					X .10	4C							
Other Sales and Purchases Taxable at 10%	5B \$					X .10	5C	\$						
Sales for Parking Faxable at 18%	6B \$					X .18	6C							
Reserved	7B \$					X	7C						Ι	
Sales and Purchases Faxable at 14.5%	8B \$					X .145	80			П				
Reserved	9В \$					X	9C	\$						
						10. Enter 2% of 911 sales receipts less 3% discount	10C							
						11. Disposable Carryout Bag Fee (Net of discount)	11C							
						12. Reserved	12C			П			I	
						13. Penalty – 5% per month with a maximum of 25%	13C							
						14. Interest – 10% per year	14C	\$						
						15. Total Amount Due (Add Lines 1C - 14C)	15C	\$						
	Will the funds for	or this paymo	ent come f	rom an ac	ccount o			Vo 🔵	See In	structio	1S.			