Government of the District of Columbia

2016 FR-800M SUB Sales and Use Tax Monthly Return

1 6 8 0 0 0 4 1 0 0 0 1

File this return for each of the months Oct 1, 2015 - Sept 30, 2016.

Taxpayer Identification Number: 123456789

Mark if: X FEIN
Mark if: X SSN

Account Number: 123123123123

Due Date: MMDDYY

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1234

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

Tax Period Ending (MMYY): MMYY

Business Name: ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHIJKL

Mailing Address Line #1: 12345ABCDEFGHIJKLABCDEFGHIJKLA

Mailing Address Line #2: 12345ABCDEFGHIJKLABCDEFGH

City: ABCDEFGHIJKLABCDEFGH

State: AB

Zipcode + 4: 123456789

Sales tax licensees must file a return even if no sales were made or no tax or fees are due.

COLUMN A - DESCRIPTION		COLUMN B - TAXABLE AMOUNT	TAX RATE		COLUMN C - TAX DUE - multiply col B by tax rate, enter here
1. Use Tax on Purchases Taxable at 5.75%	1B	$123456789.99	X .0575	1C	$123456789.99
2. Gross Sales	2B	$123456789.99			
3. Sales Taxable at 5.75%	3B	$123456789.99	X .0575	3C	$123456789.99
4. Sales and Purchases of Off-Premises Alcohol Taxable at 10%	4B	$123456789.99	X .10	4C	$123456789.99
5. Other Sales and Purchases Taxable at 10%	5B	$123456789.99	X .10	5C	$123456789.99
6. Sales for Parking Taxable at 18%	6B	$123456789.99	X .18	6C	$123456789.99
7. Reserved	7B	$123456789.99	X .__	7C	$123456789.99
8. Sales and Purchases Taxable at 14.5%	8B	$123456789.99	X .145	8C	$123456789.99
9. Reserved	9B	$123456789.99	X .__	9C	$123456789.99
10. Enter 2% of 911 sales receipts less 3% discount				10C	$123456789.99
11. Disposable Carryout Bag Fee (Net of discount)				11C	$123456789.99
12. Reserved				12C	$123456789.99
13. Penalty - 5% per month with a maximum of 25%				13C	$123456789.99
14. Interest - 10% per year				14C	$123456789.99
15. Total Amount Due (Add lines 1C - 14C)				15C	$123456789.99

Will this payment come from an account outside the U.S.? 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 MMDDYYYY

Telephone Number of Person to Contact: 1234567890

PAID PRE-PARER ONLY

Preparer's Signature (If other than taxpayer) _____ Date MMDDYYYY

Preparer's Tax Identification Number (PTIN): 123456789

Firm Name _____

Firm Address _____

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