

Government of the District of Columbia

# 2016 FR-800V SUB Street Vendors and Mobile Food Services Minimum Sales Tax Quarterly Return



SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1234

File this return for the 4 quarters of 2016 (Oct 2015 - Sept 2016).

Taxpayer Identification Number  
123456789

Mark if:  FEIN  
Mark if:  SSN

Account Number  
123123123123

Mark one of the following:

Business Name  
ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJKLM

Due Date  
MMDDYY

Mailing Address Line #1  
12345ABCDEFGHIJKLMABCDEFGHIJKLM

Tax Period Ending (MMYY)  
MMYY

Mailing Address Line #2  
12345ABCDEFGHIJKLMABCDEFGHIGH

City  
ABCDEFGHIJKLMABCDEFGHIGH

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 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 \_\_\_\_\_

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 \_\_\_\_\_

2016 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