





File this return for	each of the mo	iitiis Oct 20	io - Sept	2016.			1 6	8 () 0	0 5	1	0 0	0 2	
Taxpayer Identificatio	n Number	Fill in:					official use only Vendor ID # 0002							
Business name		Fill in:	if SSN			Due date	е							
Mailing address line	1					Tax peri	od endi	ng (MM	YY)	Fill i	1 🔾	if Am	ended re	turn
Mailing address line	2					City				State	e Zip	Code +	4	
Event name														
Column A — Description		Column B —	Taxable amo	ount		Tax rate	Col	umn C -	— Tax d	ue – mu	Itiply co	lumn B	by tax rat	e, enter he
1. Use Tax on Purchases Taxable at 5.75%	1B \$					X .0575	1C							
2. Gross Sales	2B \$													
3. Sales Taxable at 5.75%	3B \$					X .0575	3C				Ш			
4. Sales and Purchases of Off-Premises Alcohol Taxable at 10%	4B \$			Ι.		X .10	4C							
5. Other Sales and Purchases Taxable at 10%	5B \$					X .10	5C							
6. Sales for Parking Taxable at 18%	6B \$					X .18	6C							
7. Reserved	7B \$					X	7C							
8. Sales and Purchases Taxable at 14.5%	8B \$					X .145	8C							
9. Reserved	9B \$					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							
						13. Penalty – 5% per month with a maximum of 25%								
						14. Interest – 10% per year	14C	\$				T		
						15. Total Amount Due (Add Lines 1C - 14C)	15C	\$		T		T		
		Will this payr	ment come	from an	accoun	t outside the U.S.? Yes	0	No 🔵	See	nstruct	ions.			
Under penalties of law	v, I declare that this return is correct, to the best of my knowledge. Declarati						aid preparer is based on the information Telephone Number of Person to						to the pre	eparer.
SIGN HERE				П										
	r's signature		Title			Date								
ONLY							Prep	arer's Ta	ax Ident	ification	Numbe	(PTIN)		
	's signature (if other	Date		Ш		Ш								
Firm nar	ne and address													

