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This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Government of the District of Columbia

2017 FR-800A Sales and Use Tax Annual Return

1 7 8 0 0 0 1 1 0 0 0 2

File this return for the period Oct 1, 2016 - Sept 30, 2017.

Taxpayer Identification Number | Fill in: ○ if FEIN ○ if SSN | Account Number

OFFICIAL USE ONLY
Vendor ID#0002

Business name

Due date 10202017

Fill in ☐ if amended return
Fill in ☐ if final return (See instructions)

Mailing address line 1

Tax period ending (MMYY) 0917

Mailing address line 2 | City | State | Zip Code + 4

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 column B by tax rate, enter here	
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	$
4. Sales and Purchases of Off-Premises Alcohol Taxable at 10%	4B	$	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%		13C	$
			14. Interest – 10% per year		14C	$
			15. Total Amount Due (Add Lines 1C - 14C)		**15C**	$

Will this payment come from an account outside the U.S.? Yes ○ No ○ *See Instructions.*

Third party designee *To authorize another person to discuss this return with OTR, fill in here* ☐ *and enter the name and phone number of that person. See instructions.*

Designee's name | Phone number

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

Telephone Number of Person to Contact

PAID PREPARER ONLY

Preparer's signature (if other than taxpayer) | Date

Preparer's Tax Identification Number (PTIN)

Firm name and address

Revised 04/17

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