





File this ret				e mo	ntns	OCT	1, 20	716 -	Sep	π 30,	, 20	17.		1	7	8 (0 0	U	5	1	0 0	U	2	
Taxpayer 10	yer Identification Number				Fill in: if FEIN													OFFICIAL USE ONLY						
Business n	Business name			F	Fill in: if SSN								Due date					Vendor ID # 0002						
Mailing ad	dress line	1											Tax	period	endin	g (MM)	YY)	F	ill in		if Am	ended	l retur	n
												0								- : /				
Mailing add	dress line	2										City						7	State	Zip (Code +	- 4		
Event nam	10																							
Lvent nam																								
Column A — De	scription				Columi	n B —	Taxabl	e amou	ınt			Tax rate	9		Colu	mn C -	— Tax d	lue –	multip	oly colu	ımn B	by tax	rate, e	enter hei
. Use Tax on Proceedings . Taxable at 5.7		1B	\$	I				I				X .0575			1C									
. Gross Sales		2B	\$	\perp																				
. Sales Taxable at 5.	75%	3B	\$									X .0575			3C									
 Sales and Pure of Off-Premis Taxable at 10 	es Alcohol	4B	\$									X .10			4C									
5. Other Sales a Purchases Ta at 10%		5B	\$	I								X .10			5C					I				
. Sales for Park Taxable at 18		6B	\$									X .18			6C									I
. Reserved		7B	\$	I				I				Х			7C									
Sales and Pur Taxable at 14		8B	\$									X .145			8C									
. Reserved		9B	\$	Т				Т				X			9C	\$								
												10. Enter 2% o sales receil discount			10C									
												11. Disposable Bag Fee (Net of disco		ut	11C									
												12. Reserved			12C									
												13. Penalty – 59 with a maxi			13C									
												14. Interest – 10	0% per	year	14C									
												15. Total Amo			15C	\$					Ī			
				W	ill this	paym	nent c	ome fr	rom a	ın acc	count	outside the U	I.S.?	Yes 🤇) /	lo 🔵	See	Instr	uctio	ns.				
Third party des Designee's nan		uthori	ze anoth	er pers	on to o	discus	s this i	return v	with C)TR, fi	ill in	here and e		he nam hone n			numb	er of	that p	person	. See	instrud	ctions.	
Jnder penaltie	s of law, I	decla	re that t	nis retu	ırn is c	correct	, to th	e best	of my	know	vledge	e. Declaration o	f paid	prepare								the p	repare	er.
PLEASE SIGN														тетер	ione N	lumber	or Pe	rson to	Conta	1Ct				
HERE	Taxpaye	Taxpayer's signature				Title						Date												
PAID															Preparer's Tax Identification Number (PTIN)									
PREPARER ONLY				ther th	than taxpayer)					Date														
	Firm nar	ne and	address																					

