Government of the District of Columbia

2011 FR-329 SUB Consumer Use Tax on Purchases and Rentals



Leave lines blank that do not apply to you.

Personal information								SOFTWARE DEVELOPER USE ONLY			
Your first name	M.I.								RID# 1234		
ABCDEFGHIJKLABC	A	AB	CDEFC	HIJKL	ABCI)EF	GH				
Your social security number 123456789		ur Daytime phone number 234567890									
Home address (number, street and apartn		1 1 2 1 1	able)								
12345ABCDEFGHIJKLABCDEI											
ABCDEFGHIKJLABCDEFGHIJ	KLABCDEF	1									
City					Sta	to.	Zipcode	. 1			
ABCDEFGHIJKLABCDEFGH					AI		12345				
ABCDEFGHIJKLABCDEFGH							12345	6/69			
Sales and Use tax calculation						Roui	nd cents t	o the nea	rest dollar. If the amou	ınt is	
			zero, leave the line								
			Amount	purcha	ased		ate		Tax		
1 Merchandise, services, and rentals		\$	1234	156789	9.00	x .0	6 =	1 \$	123456789.	00	
Include purchases of clothing, jewelry, fur											
and electronic equipment and rentals of fur and electronic equipment.	rniture										
See instructions for an expanded list.											
2 Alcoholic beverages		\$	1234	156789	0.0	y 1	0 =	2 \$	123456789.	0.0	
7 Heartone Severages						Λ.1			123130703.		
3 Purchases of catered food or drink or		\$	1234	156789	00.6	x .1	0 =	3 \$	123456789.	00	
rental of non-commercial vehicles											
4 Purchases of certain tobacco product	ts	\$	1234	156789	9.00	x .1	.2 =	4 \$	123456789.	0 0	
E Tetal toy due Add Lines 1 2 3 av	1 1							Еф	123456789.	0.0	
5 Total tax due Add Lines 1, 2, 3 ar	10 4.							эъ	123436769.	00	
		Attach	check o	r money	order m	nade	navahle	to DC Tr	reasurer		
		Attach check or money order made payable to DC Treasurer. Write your social security number and "2011 FR-329" on your payment.									
Signature Under penalties of the law, I declare					t of my ki	nowled	dge it is co	rrect.			
Declaration of paid preparer is based	d on all information	on availab	le to the pr	reparer.							
Your signature	Date	3		Paid prep	arer's s	signa	ture		Date		
		Paid preparer's PTIN						Paid pre	parer's phone numb	er	
		123456789				1234567890					
Do not mail this form with your	individual ta	x return									
Please use a separate envelope.											
Send your signed and completed	d original form	n by Ap	ril 15, <mark>2</mark>	2012 to:							
Office of Tax and Revenue,											
1101 4th Street, SW FL4											

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5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85

Washington, DC 20024