Government of the
District of Columbia
Office of Tax and Revenue

FR-800A : 2001 Sales and Use Tax - Annual Return

018000310000

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FEDERAL EMPLOYER I.D. NUMBER	ACCOUNT ID	PERIOD ENDING	SSN
XX-XXXXXXX	XXXXXXXXXXXX	MM/DD/YYYY	XXX-XX-XXXX

BUSINESS NAME	NAIC CODE
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX

MAILING ADDRESS LINE #1	MAILING ADDRESS LINE #2
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITY	STATE	ZIP + 4
XXXXXXXXXXXXXXXXXXXXX	XX	XXXXX-XXXX

A RETURN MUST BE FILED EVEN IF NO SALES WERE MADE AND NO SALES OR USE TAX IS DUE

COLUMN A - DESCRIPTION	COLUMN B - TAXABLE AMOUNT	Multiply amount in Col. B by rate and enter in Col. C	COLUMN C - TAX DUE
1. USE Taxable at 5.75%	1B $ XXXXXXXXX.XX	X .0575	1C $ XXXXXXXX.XX
2. USE Taxable at 8%	2B $ XXXXXXXXX.XX	X .08	2C $ XXXXXXXX.XX
3. USE Taxable at 10%	3B $ XXXXXXXXX.XX	X .10	3C $ XXXXXXXX.XX
4. TOTAL USE TAX (Add Lines 1, 2 and 3 of Col. C)			4C $ XXXXXXXX.XX
5. SALES Taxable at 5.75%	5B $ XXXXXXXXX.XX	X .0575	5C $ XXXXXXXX.XX
6. SALES Taxable at 8%	6B $ XXXXXXXXX.XX	X .08	6C $ XXXXXXXX.XX
7. SALES Taxable at 10%	7B $ XXXXXXXXX.XX	X .10	7C $ XXXXXXXX.XX
8. SALES Taxable at 12%	8B $ XXXXXXXXX.XX	X .12	8C $ XXXXXXXX.XX
9. SALES Taxable at 14.5%	9B $ XXXXXXXXX.XX	X .145	9C $ XXXXXXXX.XX
10. TOTAL TAXABLE SALES (Add Lines 5, 6, 7, 8 and 9 of Col. B)	10B $ XXXXXXXXX.XX	10. TOTAL SALES TAX (Add Lines 5, 6, 7, 8 and 9 of Col. C).....	10C $ XXXXXXXX.XX
11. TOTAL EXEMPT SALES THIS YEAR	11B $ XXXXXXXXX.XX	11C	
12. TOTAL SALES (Add Lines 10 and 11 of Col. B)	12B $ XXXXXXXXX.XX	12. TAX DUE (Total of Lines 4 and 10 of Col. C)	12C $ XXXXXXXX.XX
		13. PENALTY.....	13C $ XXXXXXXX.XX
FOR OFFICIAL USE ONLY :	13B $ XXXXXXXXX.XX	14. INTEREST.....	14C $ XXXXXXXX.XX
	14B $ XXXXXXXXX.XX	15. TOTAL AMOUNT DUE (Add Lines 12, 13 and 14 of Col. C).....	15C $ XXXXXXXX.XX

Under penalty of law, I declare that this return, to the best of my knowledge, is correct. Declaration of paid preparer is based on all information available to the preparer.

PLEASE SIGN HERE

TAXPAYER'S SIGNATURE	TITLE	DATE MM/DD/YYYY	Telephone Number of Person to Contact XXX-XXX-XXXX

PAID PREPARER ONLY

PREPARER'S SIGNATURE (If other than taxpayer)	DATE MM/DD/YYYY	Preparer's PTIN XXXXXXXXX
FIRM NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Preparer's SSN XXX-XX-XXXX
FIRM ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Preparer's Federal Employer I.D. Number XX-XXXXXXX

Mail return and payment to: D.C. Office of Tax and Revenue, Ben Franklin Station, P.O. Box 679, Washington, D.C. 20044-0679. Make check or money order payable to the D.C. Treasurer. Include your Federal Employer ID Number or SSN, "FR-800A" and tax period on your payment.

Rev. 12/13/2001