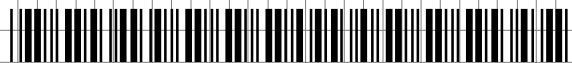




Government of the
District of Columbia
Office of Tax and Revenue

**FR-800M : 2001 Sales and
Use Tax - Monthly Return**



018000910001

FEDERAL EMPLOYER I.D. NUMBER: XX-XXXXXXX
 ACCOUNT ID: XXXXXXXXXX
 PERIOD ENDING: MM/DD/YYYY
 BUSINESS NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 NAIC CODE: XXXXXXXXXXXX
 MAILING ADDRESS LINE #1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 MAILING ADDRESS LINE #2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 CITY: XXXXXXXXXXXX STATE: XX ZIP+4: 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%	\$ XXXXXXXXXX .XX	X .0575	\$ XXXXXXXXXX .XX
2. USE Taxable at 8%	\$ XXXXXXXXXX .XX	X .08	\$ XXXXXXXXXX .XX
3. USE Taxable at 10%	\$ XXXXXXXXXX .XX	X .10	\$ XXXXXXXXXX .XX
4. TOTAL USE TAX (Add Lines 1, 2 and 3 of Col. C)			\$ XXXXXXXXXX .XX
5. SALES Taxable at 5.75%	\$ XXXXXXXXXX .XX	X .0575	\$ XXXXXXXXXX .XX
6. SALES Taxable at 8%	\$ XXXXXXXXXX .XX	X .08	\$ XXXXXXXXXX .XX
7. SALES Taxable at 10%	\$ XXXXXXXXXX .XX	X .10	\$ XXXXXXXXXX .XX
8. SALES Taxable at 12%	\$ XXXXXXXXXX .XX	X .12	\$ XXXXXXXXXX .XX
9. SALES Taxable at 14.5%	\$ XXXXXXXXXX .XX	X .145	\$ XXXXXXXXXX .XX
10. TOTAL TAXABLE SALES (Add Lines 5, 6, 7, 8 and 9 of Col. B)	\$ XXXXXXXXXX .XX	10. TOTAL SALES TAX (Add Lines 5, 6, 7, 8 and 9 of Col. C).....	\$ XXXXXXXXXX .XX
11. TOTAL EXEMPT SALES THIS MONTH	\$ XXXXXXXXXX .XX	Make no entry here. The Tax Clarity Act of 2001 eliminated the credit for timely filed, fully paid returns.	
12. TOTAL SALES (Add Lines 10 and 11 of Col. B)	\$ XXXXXXXXXX .XX	12. TAX DUE (Total of Lines 4 and 10 of Col. C)	\$ XXXXXXXXXX .XX
FOR OFFICIAL USE ONLY :	\$ XXXXXXXXXX .XX	13. PENALTY.....	\$ XXXXXXXXXX .XX
	\$ XXXXXXXXXX .XX	14. INTEREST.....	\$ XXXXXXXXXX .XX
	\$ XXXXXXXXXX .XX	15. TOTAL AMOUNT DUE (Add Lines 12, 13 and 14 of Col. C).....	\$ XXXXXXXXXX .XX

CERTIFICATION: I hereby certify, under penalty of law, including criminal penalties for false statements under D.C. Code sec. 22-2514, that this return, to the best of my knowledge and belief, is true, correct and complete.

**PLEASE
SIGN
HERE**

TAXPAYER'S SIGNATURE _____ TITLE _____

MM/DD/YYYY XXX-XXX-XXXX
DATE Telephone Number of Person to Contact

**PAID
PREPARER
ONLY**

PREPARER'S SIGNATURE (If other than taxpayer)
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 FIRM NAME
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 FIRM ADDRESS

MM/DD/YYYY XXX-XX-XXXX
DATE Preparer's PTIN
 XXX-XX-XXXX
Preparer's SSN
 XX-XXXXXX
Preparer's Federal Employer I.D. Number

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, "FR-800M" and tax period on your payment.