



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

File this return for the months **Jan 1, 2011 - Sept 30, 2011.**

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

Business name

Mailing address line 1

Mailing address line 2 City State Zip Code + 4

Due date Fill in: if amended return if final return (See instructions)

Tax period ending (MMYY)

OFFICIAL USE ONLY
Vendor ID#0002

Sales tax licenses 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 6%	1B \$ <input type="text"/>	X .06	1C \$ <input type="text"/>
2. Gross Sales	2B \$ <input type="text"/>		
3. Sales Taxable at 6%	3B \$ <input type="text"/>	X .06	3C \$ <input type="text"/>
4. Sales and Purchases Taxable at 9%	4B \$ <input type="text"/>	X .09	4C \$ <input type="text"/>
5. Sales and Purchases Taxable at 10%	5B \$ <input type="text"/>	X .10	5C \$ <input type="text"/>
6. Sales for Parking Taxable at 12%	6B \$ <input type="text"/>	X .12	6C \$ <input type="text"/>
7. Sales and Purchases of Other Tobacco Taxable at 12%	7B \$ <input type="text"/>	X .12	7C \$ <input type="text"/>
8. Sales and Purchases Taxable at 14.5%	8B \$ <input type="text"/>	X .145	8C \$ <input type="text"/>
9. Reserved	9B \$ <input type="text"/>	X ____	9C \$ <input type="text"/>
		10. Enter 2% of 911 sales receipts less 3% discount	10C \$ <input type="text"/>
		11. Disposable Carryout Bag Fee (Net of discount)	11C \$ <input type="text"/>
		12. Reserved	12C \$ <input type="text"/>
		13. Penalty — 5% per month with a maximum of 25% See instructions	13C \$ <input type="text"/>
		14. Interest — 10% per year See instructions	14C \$ <input type="text"/>
		15. Total Amount Due (Add Lines 1C - 14C)	15C \$ <input type="text"/>

Will the funds for this payment come from an account outside the US? Yes No See page

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 _____

Firm name and address _____

Paid Preparer's PTIN

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.