

Government of the District of Columbia Office of the Chief Financial Officer Office of Tax and Revenue

# 2013 FR-800M Sales and Use Tax Monthly Return Booklet

# October 1, 2012 - September 30, 2013

Secure - Accurate - Convenient ...

DISTRICT OF COLUMBIA



ELECTRONIC TAXPAYER SERVICE CENTER File Electronically Today! www.taxpayerservicecenter.com

FR-800M (REV. 08/12)

# Please review the instructions and forms carefully before submitting your return

NEW

## New Sales Tax Reporting Cycle began October 1, 2011

We began transitioning the sales tax booklets from a calendar year printing cycle to an October through September printing cycle.

# REMINDERS

# If you are not filing a 2013 (October 2012 – September 2013) sales and use tax return, do not use this booklet.

Effective July 1, 2011:

- The 9% rate for the sale of alcoholic beverages sold for consumption off the premises increased to 10%.
- The 12% rate for parking increased to 18%.

Effective October 1, 2011:

- The 6% rate now includes:
  - (a) "Armored Car Service", see page 7;
  - (b) "Investigative Service", see page 7; and
  - (c) "Security Service", see page 7.
- "Reserved" sales and purchases Line 9, see page 8.
- "Reserved" fee Line 12, see page 9.

### What was new January – September 2011?

• Sales Tax Exemption Cards

The United States (US) State Department and the American Institute in Taiwan have begun issuing new sales tax exemption cards. The new tax exempt cards have symbols to indicate the type of items that would be exempt for individuals using these cards. See page 11 for further information.

 New Forms added in booklet Close of Business Final Report, FR-800SF, see page 39 OTR 368 – Certificate of Resale, see page 43

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# Who must file a Form FR-800M?

On or before the 20th day of the month after the month being reported, every vendor who has made any sale at retail, taxable under the provisions of District of Columbia (DC) Official Code §47-2001 et seq., during the preceding calendar month, shall file a return with the Office of Tax and Revenue (OTR). Such returns shall show the total gross proceeds of the vendor's business for the month for which the return is filed; the gross receipts of the business of the vendor upon which the tax is computed; the amount of tax for which the vendor is liable; and such other information that is deemed necessary for the computation and collection of the tax.

#### **Doing business in the District**

This includes the selling, delivering or furnishing in the District, or any activity performed in the District in connection with the selling, delivering or furnishing of tangible personal property or services sold at retail. This term includes, but is not limited to the following acts or methods of transacting business:

- Maintaining, occupying or using, permanently or temporarily, directly or indirectly, or through a subsidiary or agent, by whatever name called, of any office, place of distribution, sales or sample room or place, warehouse or storage place, or other place of business; and
- Having a representative, agent, salesman, canvasser, or solicitor operating in the District for the purposes of making sales at retail or the taking of such orders for such sales.

The information provided is not all-inclusive. For specific information regarding District sales and use taxes, please refer to DC Official Code Sections 47-2001 et seq. and 47-2201 et seq. and to Chapter 4 of Title 9 of the DC Municipal Regulations.

#### **Imposition of sales tax**

A person doing business in the District must collect sales tax from the purchaser on:

- 1. Sales of tangible personal property delivered to a customer in the District;
- Certain services listed in DC Official Code §47-2001(n)(1);
- 3. Renting or leasing tangible personal property used in the District;
- 4. Charges for rooms, lodging or accommodations located in the District that are furnished to transients;
- 5. Admissions to certain public events in the District;

- 6. Charges for parking, storing or keeping motor vehicles or trailers in the District; and
- 7. Sales of certain tobacco products.

This is not an all inclusive list. For additional information, reference Title 47 Chapter 20 of the DC Official Code.

#### Imposition of use tax

A use tax is imposed on the use, storage, or consumption of taxable tangible personal property and services in the District, unless the purchaser has paid a sales tax on the purchase of the taxable tangible personal property or service to the District, or another tax jurisdiction in the United States (US) or to a US territory.

# What must be filed?

If your sales and use tax liability is less than or equal to \$200 per period, you shall file an annual return, FR-800A. If your sales and use tax liability is greater than or equal to \$201 and less than or equal to \$1200 per period, you shall file a quarterly return, FR-800Q. If your sales and use tax liability is greater than or equal to \$1201 per period, you shall file a monthly return, FR-800M. If you need to change your filing frequency, contact Customer Service Administration at (202) 727-4TAX (4829).

If your tax liability is \$5,000 per period, you shall file and pay electronically.

Visit <u>www.taxpayerservicecenter.com</u> for instructions.

# Which Other DC form may sales and use taxpayers need to file?

#### <u>Combined Registration Application for Business DC</u> <u>Taxes/Fees/Assessments (FR-500)</u>

Before making taxable sales in the District of Columbia (the "District") you must file a Combined Registration Application for Business DC Taxes/Fees/Assessments (Form FR-500) with the OTR. There is no charge for registering. You may obtain the FR-500 from our website: <u>www.taxpayerservicecenter.com</u> or you may call 202-442-6546. The form is also available at the OTR Customer Service Center, 1101 4th Street, SW, 2nd Floor, Washington, DC 20024.

List on the FR-500 all locations in the District from which you will be making taxable sales. The OTR will issue a Certificate of Registration for each location listed. Each location must display its own Certificate of Registration. If you make taxable sales without a Certificate of Registration, you may be fined up to \$50 for each day you do business in the District without a certificate.

#### Claim for Refund (FP-331)

To claim a refund for a previous period, you must file a claim using Form FP-331, Claim for Refund. DC Form OTR-368, Certificate of Resale must accompany the FP-331. If you need more information, please call (202) 442-6546 or visit <u>www.taxpayerservicecenter.com</u>.

#### When are your taxes due?

You must file your return and pay any tax due on or before the 20th day of the month after the quarter being reported.

If the due date falls on a Saturday, Sunday, or legal holiday, the return is due the next business day. You must file a return, even if you did not make any sales or no sales and use tax is due. Otherwise, you will receive a delinquency notice.

If you are not filing a 2013 (October 2012 through September 2013) sales and use monthly tax return, do not use this booklet. Request a booklet for the specific quarter and year you are filing by calling our Forms Center (202) 442-6546 or visit our Customer Service Administration (CSA) at 1101 4th Street, SW. Washington, DC 20024. You may also visit our website www.taxpayerservicecenter.com.

### How to file your return

This booklet has all the forms and instructions you will need. It is mailed to each registered taxpayer except those who file electronically or use a substitute form. It also contains mailing labels. You are responsible for filing and paying taxes on time whether or not you receive the printed forms.

#### Substitute forms

You may file your DC tax return using a computer-prepared or computer-generated substitute form, provided the form is approved in advance by the OTR. The fact that a software package is available for retail purchase does not mean that the substitute form has been approved for use. Call or check with the software developer to determine if their form is a DC OTR approved form.

#### By mail

If mailing a return with a <u>payment</u>, make the check or money order payable to the DC Treasurer. Write your Federal Employer Identification Number (FEIN) or Social Security Number (SSN), FR-800M, and the tax year on the payment. If mailing a return <u>with or without a payment</u>, send your return and/or payment to:

Office of Tax and Revenue PO Box 96384 Washington, DC 20090-6384

#### By accessing the DC Electronic Taxpayer Service Center (eTSC)

Sales and Use taxpayers may file and pay the FR-800M by accessing the DC eTSC website. A pre-registration is required. Allow 5-7 business days for processing. Visit <u>www.taxpayerservicecenter.com</u> for information on completing an eTSC application. You cannot file an amended return on-line.

#### **Electronic filing instructions**

The instructions in this booklet are specifically for filers of paper returns. When you file electronically, note that the instructions may differ. Follow the "on screen" instructions. If you need further explanations, review the instructions in this booklet.

# **Electronic payment options**

If your liability is greater than \$5,000 per period, **you** shall pay electronically.

Refer to the Electronic Funds Transfer (EFT) Payment Guide available on the DC website at <u>www.taxpayerservicecenter.com</u> for instructions for electronic payments. eTSC does not allow the use of foreign bank accounts.

Payment options are as follows:

- **Electronic check (e-check).** E-check is similar to ACH debit, but it is a one-time transaction where the taxpayer provides the banking information at the time of payment instead of storing the information. There is no fee for business e-check payments.
- <u>ACH Credit</u>. ACH credit is for business taxpayers only. There is no fee charged by OTR, but the taxpayer's bank may charge a fee. The taxpayer directly credits OTR's bank account. The taxpayer does not need to be eTSC registered to use this payment type, and they do not need access to the website. **Note: When making ACH credit payments through your bank, please use the correct tax type code (00350) and tax period ending date (YYMMDD).**
- <u>ACH Debit</u>. ACH debit is for registered eTSC business taxpayers only. There is no fee. The taxpayer's bank routing and account numbers are stored within their on-line eTSC account. They can use this account to pay any existing liability. They give OTR the right to debit the money from their bank account.

• <u>Credit Card</u>. The taxpayer may pay the amount owed using Visa, MasterCard, Discover or American Express. You will be charged a fee that is paid directly to the District's credit card service provider. Payment is effective on the day it is charged.

**Note:** Dishonored payments. Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

**Note:** International ACH Transaction (IAT). Electronic banking rules have changed. If you request a refund to be direct deposited into an account outside of the United States, you will receive a paper check.

Your payment cannot be drawn on a foreign account. You must pay by money order or credit card instead.

# **Penalties and interest**

OTR will charge -

- A penalty of 5% per month if you fail to file a return or pay any tax due on time. It is computed on the unpaid tax for each month or fraction of a month, that the return is not filed or the tax is not paid. It may not exceed an additional amount equal to 25% of the tax due;
- A 20% penalty on the portion of an underpayment of taxes if attributable to negligence. Negligence is failure to make a reasonable attempt to comply with the law or to exercise ordinary and reasonable care in preparing tax returns without the intent to defraud. One indication of negligence is failure to keep adequate books and records;
- Interest of 10% per year, compounded daily, on a late payment;
- A one-time fee to cover internal collection efforts on any unpaid balance. The collection fee assessed is 20% of the tax balance due after 90 days. Payments received by OTR on accounts are first applied to the collection fee, then to penalty, interest and tax owed;
- A civil fraud penalty of 75% of the underpayment which is attributable to fraud (see DC Official Code §47-4212).

# **Criminal penalties**

You will be penalized under the criminal provisions of the DC Official Code, Title 47 and any other applicable penalties. If you are required to file a return or report, or perform any act and you -

• Fail to file the return or report timely. If convicted, you will be fined not more than \$1,000 or imprisoned for

not more than 180 days, or both, for each failure or neglect;

- Willfully fail to file the return or report timely. If convicted, you will be fined not more than \$5,000 or imprisoned for not more than 180 days, or both;
- Willfully attempt to evade or defeat a tax; willfully fail to collect, account for, or pay a tax; or willfully make fraudulent or false statements.

Corporate officers may be held personally liable for the payment of taxes owed to DC, if not paid.

### **Enforcement actions**

OTR may use lien, levy, seizure, collection agencies and liability offset if a taxpayer fails to pay the District within 10 days after receiving a Notice of Tax Due and a demand for payment. Visit <u>www.taxpayerservicecenter.com</u>. Click "Information", "Collection Division", "Enforcement Actions".

# **Special circumstances**

#### **Amended returns**

You can correct a previously filed return by filing an amended return. Fill in the "amended return" oval on the FR-800M and show the corrected figures. You must complete and attach a Form FP-331 to any amended return requesting a refund.

Mail the amended return and any additional attachments to the

Office of Tax and Revenue PO Box 96384 Washington, DC 20090-6384

# We do not offer the ability to file amended returns electronically.

#### **Final return**

If you are not required to continue filing a return due to the ending of business operations, fill in the "final return" oval on the return. We will then cancel your filing requirement. You must complete and submit the Form FR-800SF, Close of Business Final Report, along with the Certificate of Registration to:

> Office of Tax and Revenue PO Box 470 Washington, DC 20044-0470

If you are not going out of business, do not use this oval to indicate the return is the final for the month, year, or quarter.

#### **Change of Name or Address**

For any name or address change, fill out the FR-800C, "Change of Name or Address," form in this booklet and mail it to the:

Office of Tax and Revenue PO Box 470 Washington, DC 20044-0470

Do not make a change on the return if you received a personalized return.

#### **Refund Offset**

If you have other DC tax liabilities, OTR may apply all or part of your overpayment of the sales and use tax to offset them.

# **Getting started**

To complete the Form FR-800M, in general you will need:

- A pen with black ink
- A calculator

Not all items will apply. Fill in only those that do apply. If an amount is zero, make no entry, leave the line blank.

#### Taxpayer Identification Number(s) (TIN)

You must have a TIN, whether it is a Social Security Number (SSN) or a Federal Employer Identification Number (FEIN).

- If you apply for a SSN, it must be a valid number issued by the Social Security Administration (SSA) of the United States Government. To apply for a SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at <u>www.ssa.gov</u>. You may also get this form by calling 1-800-772-1213;
- If you apply for a FEIN, it must be a valid number issued by the Internal Revenue Service (IRS). To apply for a FEIN, get Form SS-4, Application for Employer Identification Number (EIN) under Starting a Business. You may also get this form by calling 1-800-TAX-FORM (1-800-829-3676).

You must wait until your receive either number before you file a DC return. Your return may be rejected if your TIN is missing, incorrect or invalid.

#### Help us identify your forms and attachments

Write your FEIN/SSN, tax period, business name and address on any statements submitted with the return or filed separately. The FEIN/SSN is used for tax administration purposes only.

#### Account Number

The account number must be the number that was provided by OTR when you registered. Omission of the account number will cause delays in processing your return. The taxpayer is responsible for providing their assigned OTR account number to their tax practitioner or persons that are completing the sales and use tax return.

#### Incomplete forms will delay processing

Complete the identification section and then complete all applicable sales and use Lines 1 through 15 on the FR-800M, otherwise processing your return will be delayed.

Sales and use licensees must file a return even if no sales were made or not tax or fees are due. Complete the identification section and then place a zero in Line 15, Total Amount Due.

#### Calculation of the use tax

Multiply the purchase price of the taxable tangible personal property or taxable service by the applicable use tax rate.

#### Purchases subject to the use tax

For purchases subject to sales tax on which a sales tax has not been paid to the District or another jurisdiction in the US or to a US territory, see the applicable 6% rates below.

#### **Rules for reporting use tax**

You must report the cost of all personal property and taxable services used or consumed by you in DC on which sales tax has not been paid to any state. This includes the costs of items purchased under a DC Certificate of Resale (OTR-368) and withdrawn from stock for personal use or for use in the conduct of your business.

#### Exempt and/or nontaxable use tax

The use tax exemption is the same as the sales tax exemption. Also exempt are purchases on which a sales tax has been paid to the District, or another tax jurisdiction in the US or a US territory.

#### **Calculation of sales tax**

Sales tax is calculated by multiplying the sales price of a taxable item by the applicable rate.

You can obtain the tax tables of the different District sales tax rates from the OTR Customer Service Center, 2nd Floor, 1101 4th Street, SW, Washington, DC 20024 or by calling 202-442-6546.

The tax is based on the sales price. Sales price is the total amount paid by a purchaser to a vendor for a taxable item without deducting the cost of the item sold. Sales price does not include: (1) cash discounts allowed and taken on sales; (2) separately stated installation charges; and (3) sales tax collected by the vendor from the purchaser.

#### **Rules for reporting sales taxes**

You must calculate tax on the actual selling price. Report cash, credit and charged sales, including conditional sales, for each period each sale took place, even if you have not collected part of the sales price.

Do not deduct:

- Refunds you issued for previously reported sales. See Claim for Refund of Sales and Use Tax (FP-331) for detailed instructions on how to claim overpayments.
- Amounts for any sale of property that was later repossessed.

You may deduct bad debts. Subsequent collections of deducted bad debts must be reported in full in the period you collected them. Expenses incurred in collecting bad debts are not deductible on your sales tax form. They may be deductible on your business franchise tax forms D-20 or D-30. (See Title 9 of the DC Municipal Regulations available for purchase from: Office of Documents and Administrative Issuances, 441 4th Street, NW #520S, Washington, DC 20001-2714.)

#### Exempt and/or nontaxable sales

- Sales to the US or the DC Government or any of their instrumentalities thereof, except sales to national banks and federal savings and loan associations;
- Sales to a state, territory or possession of the US or their political subdivisions, if they grant a similar exception to the District;
- Sales to foreign embassies and diplomats provided the purchaser presents the seller with an exemption card issued by the US State Department. Note that the Department of State has begun issuing new tax exempt cards with symbols to indicate the type of items that would be exempt for individuals using these cards. Images of the newly designed Diplomatic Exemption Card are shown on page 11;
- Sales to diplomats of the Taipei Economic and Cultural Representative's Office in the US provided the purchaser presents the seller with an exemption card issued by the American Institute in Taiwan. They will also be receiving exemption cards similar to the ones shown on page 11;
- In accordance with international law, the Foreign Missions Act (22 USC 4301-4316 as amended), and subject to reciprocity, such cards are used to authorize the exemption from sales, occupancy, restaurant/meal, and other similar taxes, on the official and personal

purchases of foreign diplomatic and consular missions and their members of the US. On or around June 16, 2011, the Department of State will began to issue a newly designed Diplomatic Tax Exemption Card;

- Sales to organizations exempted from the payment of sales tax by federal statute or treaty;
- Sales of natural or artificial gas, oil, electricity, solid fuel or steam, used directly in processing or refining, manufacturing or assembling, if the purchaser presents the seller with a specific exemption certificate;
- Sales of property which the purchaser acquires for resale in the same form as when acquired, or to be incorporated as a material part of a product to be produced by processing or refining, manufacturing or assembling, if the purchaser presents the seller with a DC Certificate of Resale (OTR-368);
- Certain sales to a public utility or telecommunications company;
- Sales of insurance, professional or personal service transactions which involve sales of tangible personal property as inconsequential elements for which no separate charges are made;
- Sales of transportation and communication services other than data processing services, information services, commercial local telephone services and selected telecommunications services;
- Sales of motor vehicle and trailers subject to the District's Motor Vehicle Fuel Tax;
- Sales of medicines, drugs, and pharmaceuticals;
- Sales of food or beverages on a train, airline or other form of transportation operating in interstate commerce;
- Casual and isolated sales, except that sales by churches, religious, scientific, educational, social, fraternal, benevolent and other organizations and institutions of the same nature are not considered to be casual and isolated sales;
- Sales to semi-public institutions, if the semi-public institution presents the seller with a DC Certificate of Exemption (FR-551);
- Charges for printing a newspaper that is distributed free of charge in the District, if the purchaser presents a seller with a DC Free Newspaper Certificate of Exemption (Form FR-554);
- Sales of food and drink (including snack food) but not including food or drink prepared for immediate consumption, or food or drink sold through vending machines;

- Charges for postage, provided the charges are stated separately;
- Sales which, under the US Constitution, may not be taxed by a State;
- Sales of residential public utility services and commodities by a gas, electric, or telephone company, and sales of residential heating oil by any person;
- Sales of residential cable television services and commodities by a cable television company;
- Access to the Internet;
- Sales delivered to a purchaser outside DC;

For additional exempt sales, please refer to DC Official Code Sections 47-2005 and 47-2001.

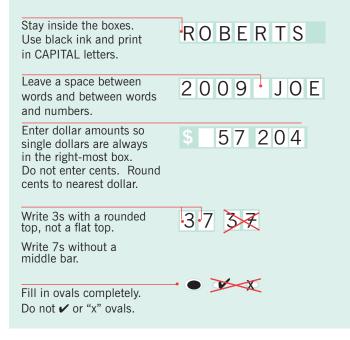
**Note:** Charitable organizations <u>must pay</u> sales tax on taxable items purchased that are not for purposes of maintaining, operating or conducting the activities of the organization. Charitable organizations <u>must</u> also <u>collect</u> sales tax if they are regularly engaged in making retail sales.

# **Personal Information**

Complete the personal information as instructed, using CAPITAL letters and black ink. Use one block per letter, including a space between address fields. Please write clearly, otherwise processing your return may be delayed.

# **Filling out the forms**

To aid us in processing your return, please follow these rules:



# **Signature and verification**

An authorized officer of the corporation must sign and date the return. A receiver, trustee, or assignee must sign any return that he/she is required to file for the corporation. Any person who prepared the return for compensation must also sign, date and provide the necessary identification number. If a firm or corporation prepares a return, it should be signed in the name of the entity. The signature requirement does not apply when a taxpayer's regular employee prepares the return. Please review the tax return before you allow a paid preparer to issue a return on your behalf.

#### Paid Preparer Tax Identification Number (PTIN)

IRS rules have changed. If you are a paid preparer, you are required to have a PTIN issued by the IRS. A PTIN is a number issued and authorized by the IRS to file a return on the taxpayers' behalf.

# **Sales tax rates and fees**

**A 6% rate** applies to sales of certain tangible personal property and selected services delivered in DC such as:

- Rentals or leases of tangible personal property, except rentals of textiles to residential users;
- Sales of non-alcoholic soft drinks; "Soft drink" means a non-alcoholic beverage with natural or artificial sweeteners. The term "soft drink" shall not include a beverage that:
  - 1. Contains:
    - (a) Milk or milk products
    - (b) Soy, rice or similar milk substitutes
    - (c) Fruit or vegetable juice, unless the beverage is carbonated; or
  - 2. Is prepared for immediate consumption, as defined in subsection (g-I) of Section 47-2001 of the DC Official Code;
- Sales of newspapers and publications;
- Sales of food or drinks sold through vending machines;
- Sales of certain services: real property maintenance, landscaping, employment, personnel placement, data processing, information, production, fabrication/ printing, repairs/alterations of tangible personal property, copying, photocopying, duplicating, or mailing, delivery and laundering, dry cleaning, or pressing, unless the service is performed by coin-operated equipment;
- Sales of stationary two-way radio services, telegraph services, teletypewriter services, teleconferencing services, "900","976","915", and other "900" type telecommunication services, telephone answering services, and coin-operated telephone services. These services are exempt from sales tax if charges to the end-user are subject to the DC gross receipts tax or

the toll telecommunication tax;

- Admission to certain public events;
- Sales of local telephone service, gas, oil and electricity for commercial use;
- Sales of solid fuel or steam;
- Gross receipts from sales contracts on the date the sale is made, regardless of the time of payment or delivery. If the sale is made on or after October 1, 2009, it is taxed at 6%. If the sale is made by a vendor located outside DC, the tax on the purchase—the use tax—whether collected by the vendor or remitted by the purchaser is due at the 6% rate if possession is taken in the District on or after October 1, 2009;
- Tax due on rental or lease payments for rentals or leases of tangible personal property applies to each rental or lease period, regardless of the length of the lease or the date the lease agreement was signed. Payments for lease periods beginning on or after October 1, 2009, for leases other than motor vehicles, are subject to the 6% rate;
- Effective October 1, 2011, "Armored Car Service" means picking up and delivering money, receipts, or other valuable items with personnel and equipment to protect such properties while in transit. The term "armored car service" shall not include coin rolling or change room services, as long as these charges are separately stated;

"Private Investigation Service" means an investigation being conducted for purposes of providing information related to:

- A crime or wrong committed, assumed to have been committed, or threatened to be committed;
- The identity, habits, conduct, movement, location, affiliations, associations, transactions, reputation, or character of any person;
- The credibility of a witness or of any other individual;
- The location of a missing individual;
- The location or recovery of lost or stolen property;
- The origin, cause of, or responsibility for a fire, accident, damage to or loss of property, or injury to an individual, regardless of who conducts the investigation;
- The affiliation, connection, or relation of any person with an organization or the person;
- The activities, conduct, efficiency, loyalty, or honesty of any employee, agent, contractor, or subcontractor;
- The financial standing, creditworthiness or financial responsibility of any person;
- Others as defined in Section 47-2001 as amended of the DC Official Code.

"Security Service" shall include any activity that is performed for compensation as a security guard to protect an individual or property and provided, on the premises of a person's residential or commercial property the service of monitoring an electronically controlled burglar or fire alarm system for any residential or commercial property located in the District or responding to a distress call or an alarm sounding from a security system.

A 10% rate applies to sales of alcoholic beverages sold for consumption off the premises.

#### A 10% rate applies to:

- All sales of food and drink served or prepared for immediate consumption or sold in or by restaurants, lunch counters, cafeterias, hotels, caterers, boarding houses, carry-out shops and similar places of business. This includes food or drink in a heated state, cold drinks dispensed on a self-service basis into a container, and frozen yogurt, ice cream, ice milk or sherbet sold in quantities of less than one pint;
- Rentals of motor vehicles and utility trailers, except those registered for commercial purposes;
- Sales of alcoholic beverages sold for consumption on the premises; and
- Sales of prepaid telephone calling cards.

A 12% rate applies to tobacco products, other than cigarettes, premium cigars or pipe tobacco. This includes any product made primarily from tobacco that is intended for consumption by smoking, by chewing or as snuff. Note: A premium cigar means an individual cigar with a retail cost of \$2 or more or a packaged unit of cigars with an average cost of \$2 or more per cigar.

A 14.5% rate applies to charges for rooms, lodgings, or accommodations furnished to transients.

# Procedure for remittance of hotel taxes by on-line vendors.

A room re-marketer is a vendor only with respect to additional charges, and shall file returns and remit tax with respect to such additional charges only. The room re-marketer shall also collect the tax imposed by this chapter and Chapter 22 of the DC Official Code with respect to net charges and shall remit the tax to the operator of the hotel, inn, tourist cabin, or any other place in which rooms, lodgings, or accommodations are regularly furnished to transients for consideration.

"Additional charges" means the excess of the gross sale or charge receipts received by a room re-marketer over the net charges.

"Net charges" means the gross receipts from the sale of or

charges for any room or accommodations received by the accomodations operator from a room re-marketer.

**An 18% rate** applies to parking, storing or keeping motor vehicles or trailers, effective October 1, 2011.

#### **Specific Line Instructions**

#### Use Tax

**Line 1: Taxable at 6%:** In Column B, enter the taxable amount of all items or services you used in DC for the month being reported and on which you have not paid a sales tax to any state. Multiply the amount by .06 and enter the result on Line 1C.

**Line 2: Gross sales:** In Column B, enter the total gross dollar value of all sales, before deducting customer's discounts, returns, or allowances and exempt sales.

#### Sales Tax

**Line 3: Taxable at 6%:** In Column B, enter the amount of all sales taxed at 6% for the month being reported. Multiply the amount by .06 and enter the result in Line 3C.

**Line 4: Taxable at 10%:** In Column B, enter the amount of all sales taxed at 10% for the month being reported for off-premise alcohol. Multiply the amount by .10 and enter the result on Line 4C.

**Line 5: Taxable at 10%:** In Column B, enter the amount of all other sales taxed at 10% for the month being reported. Multiply the amount by .10 and enter the result on Line 5C.

**Line 6: Taxable at 18%:** In Column B, enter the amount of all sales of parking taxed at 18% for the month being reported. Multiply the amount by .18 and enter the result on Line 6C.

**Line 7: Taxable at 12%:** In Column B, enter the amount of all sales taxed of other tobacco products at 12% for the month being reported. Multiply the amount by .12 and enter the result on Line 7C.

**Line 8: Taxable at 14.5%:** In Column B, enter the amount of all sales taxed at 14.5% for the month being reported. Multiply the amount by .145 and enter the result on Line 8C.

#### Line 9: RESERVED

Line 10: 2% of 911 sales receipts less 3% discount: Enacted legislation authorizes sellers to collect from consumers a charge of a 2% fee of the sales price of prepaid wireless telecommunication services. This charge will be in addition to the 10% sales tax already being charged on telecommunication retail transactions and must be separately stated on the invoice, receipt or other similar document given to the customer.

The additional 2% charge was applicable as of October 1, 2010. Under the new law, the 2% charge will be for the sale of prepaid wireless services that allow a caller to dial 911. This is the equivalent of the 911 fee charge to non prepaid cell phone users by the wireless service providers. The charge will apply to wireless telecommunication services whether they are provided on a card, via remote sales such as internet or telephone purchase, or by other means, such as an authorization code on a receipt.

#### Exemptions from the 2% tax rate

The charge will not apply to:

- The purchase of wireless telecommunication services which are made for purposes of being resold; and
- An amount of service of 10 minutes or less, or valued at \$5 or less when the service is sold with a prepaid wireless device for a single, non-itemized price.

# Procedures for remitting collected funds for the 2% tax rate

The additional 2% charge applied as of October 1, 2010. The pre-paid wireless 911 charge is the liability of the consumer, but the seller is liable for remitting the pre-paid wireless 911 charges collected to the OTR. The seller is entitled to retain 3% of the total pre-paid wireless 911 charges collected. The Form 800 series, sales and use tax return, is the vehicle for submitting the collected fees.

Use the worksheet below to determine the amount to be entered on Line 10C. Multiply the 911 prepaid wireless telecommunications sales receipts by 2% for the period being reported. Multiply the result by 3% and then subtract the 3% discount to get the net charges to be submitted to the OTR.

#### **Prepaid Wireless Telecommunications Worksheet**

a Enter the amount of sales on 911 prepaid wireless telecommunication services for the period being reported.

| b | Multiply the amount by .02   |         |    | X .02 |
|---|--|---------|----|-------|
| С | Enter the result here  |         |    |       |
| d | Multiply the amount on Line c by   | .03     |    | X .03 |
| е | Enter the result here. This is the 3% discount you retain.                     |         |    |       |
| f | Net Charges<br>Subract Line e from Line c.<br>Enter this amount on Line 10C of | the for | m. |       |

**Line 11: Disposable carryout bag fee:** Enacted DC legislation imposes, effective January 1, 2010, a \$.05 fee on each disposable carryout bag provided by retail establishments – grocery stores, drug stores, liquor stores, restaurants and food vendors (including street vendors) – to their customers.

A retail establishment may retain \$.01 of each \$.05 fee collected. In addition, it may retain another \$.01 of each \$.05 fee if it offers a carryout bag credit program for customers.

A carryout bag credit program is one where the retailer credits customers with \$.05 for each carryout bag provided by the customers for packing their purchases, regardless of whether the bag is paper, plastic or reusable.

The amounts properly retained by the retail establishments and the food vendors are not considered revenue and are tax exempt. The portion of the fee due the OTR is payable using the form in the FR-800 series currently filed by the particular retail establishment.

#### Line 12: RESERVED

Line 13: Penalty: Enter any penalty amount due.

**Line 14: Interest:** Enter any initerest amount due. An interest calculator is available on the website: https://www.taxpayservicecenter.com/IC/

Line 15: Total amount due: Add Lines 1C-14C.

# **Key Website Resources**

## **DC Official Code**

http://www.dccouncil.washington.dc.us/dcofficialcode

#### **DC Regulations**

http://www.dcregs.dc.gov/

#### **US Department of State Tax Exemption Cards**

www.state.gov/ofm/tax/

### **DC Tax Forms/Publications**

http://otr.cfo.dc.gov/otr/cwp/view,a,1330,q,594065.asp

### **Mailing Address for Returns**

http://otr.cfo.dc.gov/otr/cwp/view,a,1330,q,593904.asp

### Electronic Funds Transfer (EFT) Guide

http://otr.cfo.dc.gov/otr/frames.asp?doc=/otr/lib/otr/march\_2012/2012\_eft\_guide\_032112.pdf

# **NACHA Guidelines**

http://www.nacha.org/

#### **Social Security Administration**

http://ssa.gov/

#### **Internal Revenue Service**

http://www.federal-tax-identification.com/

# TAX EXEMPTION CARDS

# **NEW** U.S. DEPARTMENT OF STATE DIPLOMATIC TAX EXEMPTION CARDS

# A New Design/Multiple Security Features/Faster Validation

In June 2011, the U.S. Department of State will begin issuing a newly designed *Diplomatic Tax Exemption Card* to eligible foreign diplomatic and consular missions, and in most cases to their personnel and eligible family members. Such missions and their members use these cards to obtain exemption from sales, occupancy, restaurant, and other similar taxes imposed on either their official or personal purchases in the United States or its territories.

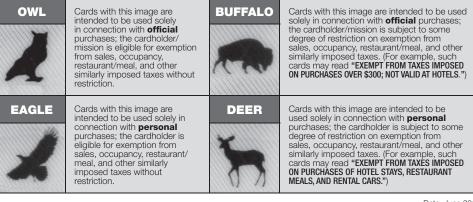
U.S. Department of State Bureau of Diplomatic Security Office of Foreign Missions

 $\mathbf{N}$ 

The newly designed cards incorporate state-ofthe-art security features as well as other elements intended to assist with the validation of the cardholder's entitlement to tax exemption privileges. The validity of a *Diplomatic Tax Exemption Card* can be verified on-line at **https://ofmapps.state.gov/tecv/** or by contacting OFM by telephone at (202) 895-3500, x2. Please visit **www.state.gov/ofm/tax/** for additional information.

#### ► **NEW** DOS Tax Exemption Cards \* UNITED STATES DEPARTMENT OF STATE \* \* UNITED STATES DEPARTMENT OF STATE \* **MISSION TAX EXEMPTION** MISSION TAX EXEMPTION OFFICIAL PURCHASES ONL OFFICIAL PURCHASES ONL Mission: CURIPANIA CURIPANIA DIPLOMAT, DIPLOMAT, Expires: 05/27 2002 05/27 #:4009-1702-02 B: 01/01/2002 +:4009-1702-02 +:01/01/2002 Expires Sex: ED \* UNITED STATES DEPARTMENT OF STATE \* \* UNITED STATES DEPARTMENT OF STATE \* PERSONAL TAX EXEMPTION PERSONAL TAX EXEMPTION CURIPANIA CURIPANIA DIPLOMAT, DIPLOMAT, 2002 4009-1702-02 01/01/2002 05/2 /2002 D#: 4009-1702-02 OB: 01/01/2002 05/2 Sex: M EXEMPT FROM TAXES IMPOSED ON PURCHASES OVER \$230, NOT VALID AT HOTELS & EXEMPT FROM TAXES IMPOSED ON ALL PURCHASES, ASES, STAYS & Siv OUN

Each tax exemption card bears one of the following animal symbols indicating the specific type of tax exemption of the cardholder.



Date: June 2011

|   | ne months Oct 1, 2012 - Sept 30,                              | Monthly Return<br>, 2013.       |   | 3 8      | 3 O C                | 0                  | 2 1         | 0 0                          | 0 0        |         |
|---|---|---------------------------------|---|----------|----------------------|--------------------|-------------|------------------------------|------------|---------|
| Taxpayer Identificatior                                   | Fill in: if FEIN  | Account number                  | •   |          | OFFICIA              |                    |             |                              |            |         |
|   | Fill in: O if SSN   |                                 |   |          | venad                | oriD#              | ŧ0000       |                              |            |         |
| Business name   |   |                                 | Due date  |          |                      | Fill in<br>Fill in |             | nended reti<br>al return (\$ |            | ruction |
|   |   |                                 | Tax period en   | ding (N  |                      |                    | 0           |                              |            |         |
| Mailing address line 1                                    |   |                                 |   | iung (ii |                      |                    | 1           |                              |            |         |
| Mailing address line                                      |   | City                            |   |          | St                   | ate                | Zip Code -  | + 4                          |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   | Sales tax licensees r   | nust file a return even if no s | sales were made or no ta                              | x or fee | s are due.           |                    |             |                              |            |         |
| mn A — Description  | Column B — Taxabl   | e amount                        | Tax rate  | Colu     | ımn C — <sup>.</sup> | Tax due ·          | – multiply  | column B b                   | oy tax rat | e, ente |
| e Tax on Purchases<br>xable at 6%                         | <sup>1B</sup> \$  | x                               | .06   | 1C       |                      |                    |             |                              |            |         |
| oss Sales   | 2B \$   |                                 |   |          |                      |                    |             |                              |            |         |
| les<br>xable at 6%  | 3B \$   | X                               | .06   | ЗC       | \$                   |                    |             |                              |            |         |
| les and Purchases<br>Off-Premises Alcohol<br>xable at 10% | 4B \$   | x                               | .10   | 4C       |                      |                    |             |                              |            |         |
| her Sales and<br>rchases<br>xable at 10%                  | 5В \$   | х                               | .10   | 5C       | \$                   |                    |             |                              |            |         |
| les for Parking<br>xable at 18%                           | 6B \$   | х                               | .18   | 6C       |                      |                    |             |                              |            |         |
| les and Purchases<br>Other Tobacco<br>xable at 12%        | 7в \$   | х                               | .12   | 7C       |                      |                    |             |                              |            |         |
| les and Purchases<br>xable at 14.5%                       | 8B \$   | x                               | .145  | 8C       |                      |                    |             |                              |            |         |
| eserved   | 9B \$   | X                               |   | 9C       | \$                   |                    |             |                              |            |         |
|   |   | 10.                             | Enter 2% of 911<br>sales receipts less 3%<br>discount | 10C      |                      |                    |             |                              |            |         |
|   |   | 11.                             | . Disposable Carryout<br>Bag Fee<br>(Net of discount) | 11C      |                      |                    |             |                              |            |         |
|   |   | 12.                             | . Reserved  | 12C      |                      |                    |             |                              |            |         |
|   |   | 13.                             | Penalty – 5% per month<br>with a maximum of 25%       | 13C      |                      |                    |             |                              |            |         |
|   |   | 14.                             | Interest – 10% per year                               | 14C      | \$                   |                    |             |                              |            |         |
|   |   | 15                              | Total Amount Due<br>(Add Lines 1C - 14C)              | 15C      | \$                   |                    |             |                              |            |         |
|   | Will the funds for this payment com                           | e from an account outsic        |   |          | Vo 🔿 S               | See inst           | tructions.  |                              |            |         |
| er penalties of law,                                      | declare that this return is correct, to the                   | e best of my knowledge. D       | eclaration of paid prepa                              | rer is b | ased on t            | he infor           | mation av   | ailable to                   | the prep   | oarer.  |
| PLEASE  |   |                                 |   | Te       | elephone N           | lumber o           | of Person t | o Contact                    |            |         |
| SIGN<br>HERE  |   |                                 |   |          |                      |                    |             |                              |            |         |
| Тахр  | yer's signature   | Title                           | Date  | -        |                      |                    |             |                              |            |         |
| PAID<br>PREPARER  |   |                                 |   | Pa       | aid Prepar           | er's PTIN          | ١           |                              |            |         |
|   | rrer's signature (if other than taxpayer)<br>name and address |                                 | Date  |          |                      |                    |             |                              |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   |   | 2013 FR-8                       | 00M<br>Jse Tax Monthly Return                         |          |                      |                    |             |                              |            |         |

Mail return and payment to: Office of Tax and Revenue, PO Box 96384, Washington DC 20090-6384.

|   | ne months Oct 1, 2012 - Sept 30,                              | Monthly Return<br>, 2013.       |   | 3 8      | 3 O C                | 0                  | 2 1         | 0 0                          | 0 0        |         |
|---|---|---------------------------------|---|----------|----------------------|--------------------|-------------|------------------------------|------------|---------|
| Taxpayer Identificatior                                   | Fill in: if FEIN  | Account number                  | •   |          | OFFICIA              |                    |             |                              |            |         |
|   | Fill in: O if SSN   |                                 |   |          | venad                | oriD#              | ŧ0000       |                              |            |         |
| Business name   |   |                                 | Due date  |          |                      | Fill in<br>Fill in |             | nended reti<br>al return (\$ |            | ruction |
|   |   |                                 | Tax period en   | ding (N  |                      |                    | 0           |                              |            |         |
| Mailing address line 1                                    |   |                                 |   | iung (ii |                      |                    | 1           |                              |            |         |
| Mailing address line                                      |   | City                            |   |          | St                   | ate                | Zip Code -  | + 4                          |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   | Sales tax licensees r   | nust file a return even if no s | sales were made or no ta                              | x or fee | s are due.           |                    |             |                              |            |         |
| mn A — Description  | Column B — Taxabl   | e amount                        | Tax rate  | Colu     | ımn C — <sup>.</sup> | Tax due ·          | – multiply  | column B b                   | oy tax rat | e, ente |
| e Tax on Purchases<br>xable at 6%                         | <sup>1B</sup> \$  | x                               | .06   | 1C       |                      |                    |             |                              |            |         |
| oss Sales   | 2B \$   |                                 |   |          |                      |                    |             |                              |            |         |
| les<br>xable at 6%  | 3B \$   | X                               | .06   | ЗC       | \$                   |                    |             |                              |            |         |
| les and Purchases<br>Off-Premises Alcohol<br>xable at 10% | 4B \$   | x                               | .10   | 4C       |                      |                    |             |                              |            |         |
| her Sales and<br>rchases<br>xable at 10%                  | 5В \$   | х                               | .10   | 5C       | \$                   |                    |             |                              |            |         |
| les for Parking<br>xable at 18%                           | 6B \$   | х                               | .18   | 6C       |                      |                    |             |                              |            |         |
| les and Purchases<br>Other Tobacco<br>xable at 12%        | 7в \$   | х                               | .12   | 7C       |                      |                    |             |                              |            |         |
| les and Purchases<br>xable at 14.5%                       | 8B \$   | x                               | .145  | 8C       |                      |                    |             |                              |            |         |
| eserved   | 9B \$   | X                               |   | 9C       | \$                   |                    |             |                              |            |         |
|   |   | 10.                             | Enter 2% of 911<br>sales receipts less 3%<br>discount | 10C      |                      |                    |             |                              |            |         |
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|   |   | 12.                             | . Reserved  | 12C      |                      |                    |             |                              |            |         |
|   |   | 13.                             | Penalty – 5% per month<br>with a maximum of 25%       | 13C      |                      |                    |             |                              |            |         |
|   |   | 14.                             | Interest – 10% per year                               | 14C      | \$                   |                    |             |                              |            |         |
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| er penalties of law,                                      | declare that this return is correct, to the                   | e best of my knowledge. D       | eclaration of paid prepa                              | rer is b | ased on t            | he infor           | mation av   | ailable to                   | the prep   | oarer.  |
| PLEASE  |   |                                 |   | Te       | elephone N           | lumber o           | of Person t | o Contact                    |            |         |
| SIGN<br>HERE  |   |                                 |   |          |                      |                    |             |                              |            |         |
| Тахр  | yer's signature   | Title                           | Date  | -        |                      |                    |             |                              |            |         |
| PAID<br>PREPARER  |   |                                 |   | Pa       | aid Prepar           | er's PTIN          | ١           |                              |            |         |
|   | rrer's signature (if other than taxpayer)<br>name and address |                                 | Date  |          |                      |                    |             |                              |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
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|---|---|---------------------------------|---|----------|----------------------|--------------------|-------------|------------------------------|------------|---------|
| Taxpayer Identificatior                                   | Fill in: if FEIN  | Account number                  | •   |          | OFFICIA              |                    |             |                              |            |         |
|   | Fill in: O if SSN   |                                 |   |          | venad                | oriD#              | ±0000       |                              |            |         |
| Business name   |   |                                 | Due date  |          |                      | Fill in<br>Fill in |             | nended reti<br>al return (\$ |            | ruction |
|   |   |                                 | Tax period en   | ding (N  |                      |                    | 0           |                              |            |         |
| Mailing address line 1                                    |   |                                 |   | iung (ii |                      |                    | 1           |                              |            |         |
| Mailing address line                                      |   | City                            |   |          | St                   | ate                | Zip Code -  | + 4                          |            |         |
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| e Tax on Purchases<br>xable at 6%                         | <sup>1B</sup> \$  | x                               | .06   | 1C       |                      |                    |             |                              |            |         |
| oss Sales   | 2B \$   |                                 |   |          |                      |                    |             |                              |            |         |
| les<br>xable at 6%  | 3B \$   | X                               | .06   | ЗC       | \$                   |                    |             |                              |            |         |
| les and Purchases<br>Off-Premises Alcohol<br>xable at 10% | 4B \$   | x                               | .10   | 4C       |                      |                    |             |                              |            |         |
| her Sales and<br>rchases<br>xable at 10%                  | 5В \$   | х                               | .10   | 5C       | \$                   |                    |             |                              |            |         |
| les for Parking<br>xable at 18%                           | 6B \$   | х                               | .18   | 6C       |                      |                    |             |                              |            |         |
| les and Purchases<br>Other Tobacco<br>xable at 12%        | 7в \$   | х                               | .12   | 7C       |                      |                    |             |                              |            |         |
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| eserved   | 9B \$   | X                               |   | 9C       | \$                   |                    |             |                              |            |         |
|   |   | 10.                             | Enter 2% of 911<br>sales receipts less 3%<br>discount | 10C      |                      |                    |             |                              |            |         |
|   |   | 11.                             | . Disposable Carryout<br>Bag Fee<br>(Net of discount) | 11C      |                      |                    |             |                              |            |         |
|   |   | 12.                             | . Reserved  | 12C      |                      |                    |             |                              |            |         |
|   |   | 13.                             | Penalty – 5% per month<br>with a maximum of 25%       | 13C      |                      |                    |             |                              |            |         |
|   |   | 14.                             | Interest – 10% per year                               | 14C      | \$                   |                    |             |                              |            |         |
|   |   | 15                              | Total Amount Due<br>(Add Lines 1C - 14C)              | 15C      | \$                   |                    |             |                              |            |         |
|   | Will the funds for this payment com                           | e from an account outsic        |   |          | Vo 🔿 S               | See inst           | tructions.  |                              |            |         |
| er penalties of law,                                      | declare that this return is correct, to the                   | e best of my knowledge. D       | eclaration of paid prepa                              | rer is b | ased on t            | he infor           | mation av   | ailable to                   | the prep   | oarer.  |
| PLEASE  |   |                                 |   | Te       | elephone N           | lumber o           | of Person t | o Contact                    |            |         |
| SIGN<br>HERE  |   |                                 |   |          |                      |                    |             |                              |            |         |
| Тахр  | yer's signature   | Title                           | Date  | -        |                      |                    |             |                              |            |         |
| PAID<br>PREPARER  |   |                                 |   | Pa       | aid Prepar           | er's PTIN          | ١           |                              |            |         |
|   | rrer's signature (if other than taxpayer)<br>name and address |                                 | Date  |          |                      |                    |             |                              |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
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|   | ne months Oct 1, 2012 - Sept 30,                              | Monthly Return<br>, 2013.       |   | 3 8      | 3 O C                | 0                  | 2 1         | 0 0                          | 0 0        |         |
|---|---|---------------------------------|---|----------|----------------------|--------------------|-------------|------------------------------|------------|---------|
| Taxpayer Identificatior                                   | Fill in: if FEIN  | Account number                  | •   |          | OFFICIA              |                    |             |                              |            |         |
|   | Fill in: O if SSN   |                                 |   |          | venad                | oriD#              | ŧ0000       |                              |            |         |
| Business name   |   |                                 | Due date  |          |                      | Fill in<br>Fill in |             | nended reti<br>al return (\$ |            | ruction |
|   |   |                                 | Tax period en   | ding (N  |                      |                    | 0           |                              |            |         |
| Mailing address line 1                                    |   |                                 |   | iung (ii |                      |                    | 1           |                              |            |         |
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|   |   |                                 |   |          |                      |                    |             |                              |            |         |
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| mn A — Description  | Column B — Taxabl   | e amount                        | Tax rate  | Colu     | ımn C — <sup>.</sup> | Tax due ·          | – multiply  | column B b                   | oy tax rat | e, ente |
| e Tax on Purchases<br>xable at 6%                         | <sup>1B</sup> \$  | x                               | .06   | 1C       |                      |                    |             |                              |            |         |
| oss Sales   | 2B \$   |                                 |   |          |                      |                    |             |                              |            |         |
| les<br>xable at 6%  | 3B \$   | X                               | .06   | ЗC       | \$                   |                    |             |                              |            |         |
| les and Purchases<br>Off-Premises Alcohol<br>xable at 10% | 4B \$   | x                               | .10   | 4C       |                      |                    |             |                              |            |         |
| her Sales and<br>rchases<br>xable at 10%                  | 5В \$   | х                               | .10   | 5C       | \$                   |                    |             |                              |            |         |
| les for Parking<br>xable at 18%                           | 6B \$   | х                               | .18   | 6C       |                      |                    |             |                              |            |         |
| les and Purchases<br>Other Tobacco<br>xable at 12%        | 7в \$   | х                               | .12   | 7C       |                      |                    |             |                              |            |         |
| les and Purchases<br>xable at 14.5%                       | 8B \$   | x                               | .145  | 8C       |                      |                    |             |                              |            |         |
| eserved   | 9B \$   | X                               |   | 9C       | \$                   |                    |             |                              |            |         |
|   |   | 10.                             | Enter 2% of 911<br>sales receipts less 3%<br>discount | 10C      |                      |                    |             |                              |            |         |
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|   |   | 14.                             | Interest – 10% per year                               | 14C      | \$                   |                    |             |                              |            |         |
|   |   | 15                              | Total Amount Due<br>(Add Lines 1C - 14C)              | 15C      | \$                   |                    |             |                              |            |         |
|   | Will the funds for this payment com                           | e from an account outsic        |   |          | Vo 🔿 S               | See inst           | tructions.  |                              |            |         |
| er penalties of law,                                      | declare that this return is correct, to the                   | e best of my knowledge. D       | eclaration of paid prepa                              | rer is b | ased on t            | he infor           | mation av   | ailable to                   | the prep   | oarer.  |
| PLEASE  |   |                                 |   | Te       | elephone N           | lumber o           | of Person t | o Contact                    |            |         |
| SIGN<br>HERE  |   |                                 |   |          |                      |                    |             |                              |            |         |
| Тахр  | ayer's signature  | Title                           | Date  | -        |                      |                    |             |                              |            |         |
| PAID<br>PREPARER  |   |                                 |   | Pa       | aid Prepar           | er's PTIN          | ١           |                              |            |         |
|   | rrer's signature (if other than taxpayer)<br>name and address |                                 | Date  |          |                      |                    |             |                              |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   |   | 2013 FR-8                       | 00M<br>Jse Tax Monthly Return                         |          |                      |                    |             |                              |            |         |

Mail return and payment to: Office of Tax and Revenue, PO Box 96384, Washington DC 20090-6384.

|   | ne months Oct 1, 2012 - Sept 30,                              | Monthly Return<br>, 2013.       |   | 3 8      | 3 O C                | 0                  | 2 1         | 0 0                          | 0 0        |         |
|---|---|---------------------------------|---|----------|----------------------|--------------------|-------------|------------------------------|------------|---------|
| Taxpayer Identificatior                                   | Fill in: if FEIN  | Account number                  | •   |          | OFFICIA              |                    |             |                              |            |         |
|   | Fill in: O if SSN   |                                 |   |          | venad                | oriD#              | ŧ0000       |                              |            |         |
| Business name   |   |                                 | Due date  |          |                      | Fill in<br>Fill in |             | nended reti<br>al return (\$ |            | ruction |
|   |   |                                 | Tax period en   | ding (N  |                      |                    | 0           |                              |            |         |
| Mailing address line 1                                    |   |                                 |   | iung (ii |                      |                    | 1           |                              |            |         |
| Mailing address line                                      |   | City                            |   |          | St                   | ate                | Zip Code -  | + 4                          |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   | Sales tax licensees r   | nust file a return even if no s | sales were made or no ta                              | x or fee | s are due.           |                    |             |                              |            |         |
| mn A — Description  | Column B — Taxabl   | e amount                        | Tax rate  | Colu     | ımn C — <sup>.</sup> | Tax due ·          | – multiply  | column B b                   | oy tax rat | e, ente |
| e Tax on Purchases<br>xable at 6%                         | <sup>1B</sup> \$  | x                               | .06   | 1C       |                      |                    |             |                              |            |         |
| oss Sales   | 2B \$   |                                 |   |          |                      |                    |             |                              |            |         |
| les<br>xable at 6%  | 3B \$   | X                               | .06   | ЗC       | \$                   |                    |             |                              |            |         |
| les and Purchases<br>Off-Premises Alcohol<br>xable at 10% | 4B \$   | x                               | .10   | 4C       |                      |                    |             |                              |            |         |
| her Sales and<br>rchases<br>xable at 10%                  | 5В \$   | х                               | .10   | 5C       | \$                   |                    |             |                              |            |         |
| les for Parking<br>xable at 18%                           | 6B \$   | х                               | .18   | 6C       |                      |                    |             |                              |            |         |
| les and Purchases<br>Other Tobacco<br>xable at 12%        | 7в \$   | х                               | .12   | 7C       |                      |                    |             |                              |            |         |
| les and Purchases<br>xable at 14.5%                       | 8B \$   | x                               | .145  | 8C       |                      |                    |             |                              |            |         |
| eserved   | 9B \$   | X                               |   | 9C       | \$                   |                    |             |                              |            |         |
|   |   | 10.                             | Enter 2% of 911<br>sales receipts less 3%<br>discount | 10C      |                      |                    |             |                              |            |         |
|   |   | 11.                             | . Disposable Carryout<br>Bag Fee<br>(Net of discount) | 11C      |                      |                    |             |                              |            |         |
|   |   | 12.                             | . Reserved  | 12C      |                      |                    |             |                              |            |         |
|   |   | 13.                             | Penalty – 5% per month<br>with a maximum of 25%       | 13C      |                      |                    |             |                              |            |         |
|   |   | 14.                             | Interest – 10% per year                               | 14C      | \$                   |                    |             |                              |            |         |
|   |   | 15                              | Total Amount Due<br>(Add Lines 1C - 14C)              | 15C      | \$                   |                    |             |                              |            |         |
|   | Will the funds for this payment com                           | e from an account outsic        |   |          | Vo 🔿 S               | See inst           | tructions.  |                              |            |         |
| er penalties of law,                                      | declare that this return is correct, to the                   | e best of my knowledge. D       | eclaration of paid prepa                              | rer is b | ased on t            | he infor           | mation av   | ailable to                   | the prep   | oarer.  |
| PLEASE  |   |                                 |   | Te       | elephone N           | lumber o           | of Person t | o Contact                    |            |         |
| SIGN<br>HERE  |   |                                 |   |          |                      |                    |             |                              |            |         |
| Тахр  | ayer's signature  | Title                           | Date  | -        |                      |                    |             |                              |            |         |
| PAID<br>PREPARER  |   |                                 |   | Pa       | aid Prepar           | er's PTIN          | ١           |                              |            |         |
|   | rrer's signature (if other than taxpayer)<br>name and address |                                 | Date  |          |                      |                    |             |                              |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   |   | 2013 FR-8                       | 00M<br>Jse Tax Monthly Return                         |          |                      |                    |             |                              |            |         |

Mail return and payment to: Office of Tax and Revenue, PO Box 96384, Washington DC 20090-6384.

|   | ne months Oct 1, 2012 - Sept 30,                              | Monthly Return<br>, 2013.       |   | 3 8      | 3 O C                | 0                  | 2 1         | 0 0                          | 0 0        |         |
|---|---|---------------------------------|---|----------|----------------------|--------------------|-------------|------------------------------|------------|---------|
| Taxpayer Identificatior                                   | Fill in: if FEIN  | Account number                  | •   |          | OFFICIA              |                    |             |                              |            |         |
|   | Fill in: O if SSN   |                                 |   |          | venad                | oriD#              | ŧ0000       |                              |            |         |
| Business name   |   |                                 | Due date  |          |                      | Fill in<br>Fill in |             | nended reti<br>al return (\$ |            | ruction |
|   |   |                                 | Tax period en   | ding (N  |                      |                    | 0           |                              |            |         |
| Mailing address line 1                                    |   |                                 |   | iung (ii |                      |                    | 1           |                              |            |         |
| Mailing address line                                      |   | City                            |   |          | St                   | ate                | Zip Code -  | + 4                          |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   | Sales tax licensees r   | nust file a return even if no s | sales were made or no ta                              | x or fee | s are due.           |                    |             |                              |            |         |
| mn A — Description  | Column B — Taxabl   | e amount                        | Tax rate  | Colu     | ımn C — <sup>.</sup> | Tax due ·          | – multiply  | column B b                   | oy tax rat | e, ente |
| e Tax on Purchases<br>xable at 6%                         | <sup>1B</sup> \$  | x                               | .06   | 1C       |                      |                    |             |                              |            |         |
| oss Sales   | 2B \$   |                                 |   |          |                      |                    |             |                              |            |         |
| les<br>xable at 6%  | 3B \$   | X                               | .06   | ЗC       | \$                   |                    |             |                              |            |         |
| les and Purchases<br>Off-Premises Alcohol<br>xable at 10% | 4B \$   | x                               | .10   | 4C       |                      |                    |             |                              |            |         |
| her Sales and<br>rchases<br>xable at 10%                  | 5В \$   | х                               | .10   | 5C       | \$                   |                    |             |                              |            |         |
| les for Parking<br>xable at 18%                           | 6B \$   | х                               | .18   | 6C       |                      |                    |             |                              |            |         |
| les and Purchases<br>Other Tobacco<br>xable at 12%        | 7в \$   | х                               | .12   | 7C       |                      |                    |             |                              |            |         |
| les and Purchases<br>xable at 14.5%                       | 8B \$   | x                               | .145  | 8C       |                      |                    |             |                              |            |         |
| eserved   | 9B \$   | X                               |   | 9C       | \$                   |                    |             |                              |            |         |
|   |   | 10.                             | Enter 2% of 911<br>sales receipts less 3%<br>discount | 10C      |                      |                    |             |                              |            |         |
|   |   | 11.                             | . Disposable Carryout<br>Bag Fee<br>(Net of discount) | 11C      |                      |                    |             |                              |            |         |
|   |   | 12.                             | . Reserved  | 12C      |                      |                    |             |                              |            |         |
|   |   | 13.                             | Penalty – 5% per month<br>with a maximum of 25%       | 13C      |                      |                    |             |                              |            |         |
|   |   | 14.                             | Interest – 10% per year                               | 14C      | \$                   |                    |             |                              |            |         |
|   |   | 15                              | Total Amount Due<br>(Add Lines 1C - 14C)              | 15C      | \$                   |                    |             |                              |            |         |
|   | Will the funds for this payment com                           | e from an account outsic        |   |          | Vo 🔿 S               | See inst           | tructions.  |                              |            |         |
| er penalties of law,                                      | declare that this return is correct, to the                   | e best of my knowledge. D       | eclaration of paid prepa                              | rer is b | ased on t            | he infor           | mation av   | ailable to                   | the prep   | oarer.  |
| PLEASE  |   |                                 |   | Te       | elephone N           | lumber o           | of Person t | o Contact                    |            |         |
| SIGN<br>HERE  |   |                                 |   |          |                      |                    |             |                              |            |         |
| Тахр  | ayer's signature  | Title                           | Date  | -        |                      |                    |             |                              |            |         |
| PAID<br>PREPARER  |   |                                 |   | Pa       | aid Prepar           | er's PTIN          | ١           |                              |            |         |
|   | rrer's signature (if other than taxpayer)<br>name and address |                                 | Date  |          |                      |                    |             |                              |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   |   | 2013 FR-8                       | 00M<br>Jse Tax Monthly Return                         |          |                      |                    |             |                              |            |         |

Mail return and payment to: Office of Tax and Revenue, PO Box 96384, Washington DC 20090-6384.

|   | ne months Oct 1, 2012 - Sept 30,                              | Monthly Return<br>, 2013.       |   | 3 8      | 3 O C                | 0                  | 2 1         | 0 0                          | 0 0        |         |
|---|---|---------------------------------|---|----------|----------------------|--------------------|-------------|------------------------------|------------|---------|
| Taxpayer Identificatior                                   | Fill in: if FEIN  | Account number                  | •   |          | OFFICIA              |                    |             |                              |            |         |
|   | Fill in: O if SSN   |                                 |   |          | venad                | oriD#              | ŧ0000       |                              |            |         |
| Business name   |   |                                 | Due date  |          |                      | Fill in<br>Fill in |             | nended reti<br>al return (\$ |            | ruction |
|   |   |                                 | Tax period en   | ding (N  |                      |                    | 0           |                              |            |         |
| Mailing address line 1                                    |   |                                 |   | iung (ii |                      |                    | 1           |                              |            |         |
| Mailing address line                                      |   | City                            |   |          | St                   | ate                | Zip Code -  | + 4                          |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
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| mn A — Description  | Column B — Taxabl   | e amount                        | Tax rate  | Colu     | ımn C — <sup>.</sup> | Tax due ·          | – multiply  | column B b                   | oy tax rat | e, ente |
| e Tax on Purchases<br>xable at 6%                         | <sup>1B</sup> \$  | x                               | .06   | 1C       |                      |                    |             |                              |            |         |
| oss Sales   | 2B \$   |                                 |   |          |                      |                    |             |                              |            |         |
| les<br>xable at 6%  | 3B \$   | X                               | .06   | ЗC       | \$                   |                    |             |                              |            |         |
| les and Purchases<br>Off-Premises Alcohol<br>xable at 10% | 4B \$   | x                               | .10   | 4C       |                      |                    |             |                              |            |         |
| her Sales and<br>rchases<br>xable at 10%                  | 5В \$   | х                               | .10   | 5C       | \$                   |                    |             |                              |            |         |
| les for Parking<br>xable at 18%                           | 6B \$   | х                               | .18   | 6C       |                      |                    |             |                              |            |         |
| les and Purchases<br>Other Tobacco<br>xable at 12%        | 7в \$   | х                               | .12   | 7C       |                      |                    |             |                              |            |         |
| les and Purchases<br>xable at 14.5%                       | 8B \$   | x                               | .145  | 8C       |                      |                    |             |                              |            |         |
| eserved   | 9B \$   | X                               |   | 9C       | \$                   |                    |             |                              |            |         |
|   |   | 10.                             | Enter 2% of 911<br>sales receipts less 3%<br>discount | 10C      |                      |                    |             |                              |            |         |
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|   |   | 13.                             | Penalty – 5% per month<br>with a maximum of 25%       | 13C      |                      |                    |             |                              |            |         |
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| PLEASE  |   |                                 |   | Te       | elephone N           | lumber o           | of Person t | o Contact                    |            |         |
| SIGN<br>HERE  |   |                                 |   |          |                      |                    |             |                              |            |         |
| Тахр  | ayer's signature  | Title                           | Date  | -        |                      |                    |             |                              |            |         |
| PAID<br>PREPARER  |   |                                 |   | Pa       | aid Prepar           | er's PTIN          | ١           |                              |            |         |
|   | rrer's signature (if other than taxpayer)<br>name and address |                                 | Date  |          |                      |                    |             |                              |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   |   | 2013 FR-8                       | 00M<br>Jse Tax Monthly Return                         |          |                      |                    |             |                              |            |         |

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|   | ne months Oct 1, 2012 - Sept 30,                              | Monthly Return<br>, 2013.       |   | 3 8      | 3 O C                | 0                  | 2 1         | 0 0                          | 0 0        |         |
|---|---|---------------------------------|---|----------|----------------------|--------------------|-------------|------------------------------|------------|---------|
| Taxpayer Identificatior                                   | Fill in: if FEIN  | Account number                  | •   |          | OFFICIA              |                    |             |                              |            |         |
|   | Fill in: O if SSN   |                                 |   |          | venad                | oriD#              | ŧ0000       |                              |            |         |
| Business name   |   |                                 | Due date  |          |                      | Fill in<br>Fill in |             | nended reti<br>al return (\$ |            | ruction |
|   |   |                                 | Tax period en   | ding (N  |                      |                    | 0           |                              |            |         |
| Mailing address line 1                                    |   |                                 |   | iung (ii |                      |                    | 1           |                              |            |         |
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| e Tax on Purchases<br>xable at 6%                         | <sup>1B</sup> \$  | x                               | .06   | 1C       |                      |                    |             |                              |            |         |
| oss Sales   | 2B \$   |                                 |   |          |                      |                    |             |                              |            |         |
| les<br>xable at 6%  | 3B \$   | X                               | .06   | ЗC       | \$                   |                    |             |                              |            |         |
| les and Purchases<br>Off-Premises Alcohol<br>xable at 10% | 4B \$   | x                               | .10   | 4C       |                      |                    |             |                              |            |         |
| her Sales and<br>rchases<br>xable at 10%                  | 5В \$   | х                               | .10   | 5C       | \$                   |                    |             |                              |            |         |
| les for Parking<br>xable at 18%                           | 6B \$   | х                               | .18   | 6C       |                      |                    |             |                              |            |         |
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| les and Purchases<br>xable at 14.5%                       | 8B \$   | x                               | .145  | 8C       |                      |                    |             |                              |            |         |
| eserved   | 9B \$   | X                               |   | 9C       | \$                   |                    |             |                              |            |         |
|   |   | 10.                             | Enter 2% of 911<br>sales receipts less 3%<br>discount | 10C      |                      |                    |             |                              |            |         |
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|   |   | 13.                             | Penalty – 5% per month<br>with a maximum of 25%       | 13C      |                      |                    |             |                              |            |         |
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| er penalties of law,                                      | declare that this return is correct, to the                   | e best of my knowledge. D       | eclaration of paid prepa                              | rer is b | ased on t            | he infor           | mation av   | ailable to                   | the prep   | oarer.  |
| PLEASE  |   |                                 |   | Te       | elephone N           | lumber o           | of Person t | o Contact                    |            |         |
| SIGN<br>HERE  |   |                                 |   |          |                      |                    |             |                              |            |         |
| Тахр  | ayer's signature  | Title                           | Date  | -        |                      |                    |             |                              |            |         |
| PAID<br>PREPARER  |   |                                 |   | Pa       | aid Prepar           | er's PTIN          | ١           |                              |            |         |
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|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   |   | 2013 FR-8                       | 00M<br>Jse Tax Monthly Return                         |          |                      |                    |             |                              |            |         |

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|   | ne months Oct 1, 2012 - Sept 30,                              | Monthly Return<br>, 2013.       |   | 3 8      | 3 O C                | 0                  | 2 1         | 0 0                          | 0 0        |         |
|---|---|---------------------------------|---|----------|----------------------|--------------------|-------------|------------------------------|------------|---------|
| Taxpayer Identificatior                                   | Fill in: if FEIN  | Account number                  | •   |          | OFFICIA              |                    |             |                              |            |         |
|   | Fill in: O if SSN   |                                 |   |          | venad                | oriD#              | ŧ0000       |                              |            |         |
| Business name   |   |                                 | Due date  |          |                      | Fill in<br>Fill in |             | nended reti<br>al return (\$ |            | ruction |
|   |   |                                 | Tax period en   | ding (N  |                      |                    | 0           |                              |            |         |
| Mailing address line 1                                    |   |                                 |   | iung (ii |                      |                    | 1           |                              |            |         |
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| oss Sales   | 2B \$   |                                 |   |          |                      |                    |             |                              |            |         |
| les<br>xable at 6%  | 3B \$   | X                               | .06   | ЗC       | \$                   |                    |             |                              |            |         |
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| les and Purchases<br>xable at 14.5%                       | 8B \$   | x                               | .145  | 8C       |                      |                    |             |                              |            |         |
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| PLEASE  |   |                                 |   | Te       | elephone N           | lumber o           | of Person t | o Contact                    |            |         |
| SIGN<br>HERE  |   |                                 |   |          |                      |                    |             |                              |            |         |
| Тахр  | ayer's signature  | Title                           | Date  | -        |                      |                    |             |                              |            |         |
| PAID<br>PREPARER  |   |                                 |   | Pa       | aid Prepar           | er's PTIN          | ١           |                              |            |         |
|   | rrer's signature (if other than taxpayer)<br>name and address |                                 | Date  |          |                      |                    |             |                              |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   |   | 2013 FR-8                       | 00M<br>Jse Tax Monthly Return                         |          |                      |                    |             |                              |            |         |

Mail return and payment to: Office of Tax and Revenue, PO Box 96384, Washington DC 20090-6384.

|   | ne months Oct 1, 2012 - Sept 30,                              | Monthly Return<br>, 2013.       |   | 3 8      | 3 O C                | 0                  | 2 1         | 0 0                          | 0 0        |         |
|---|---|---------------------------------|---|----------|----------------------|--------------------|-------------|------------------------------|------------|---------|
| Taxpayer Identificatior                                   | Fill in: if FEIN  | Account number                  | •   |          | OFFICIA              |                    |             |                              |            |         |
|   | Fill in: O if SSN   |                                 |   |          | venad                | oriD#              | ŧ0000       |                              |            |         |
| Business name   |   |                                 | Due date  |          |                      | Fill in<br>Fill in |             | nended reti<br>al return (\$ |            | ruction |
|   |   |                                 | Tax period en   | ding (N  |                      |                    | 0           |                              |            |         |
| Mailing address line 1                                    |   |                                 |   | iung (ii |                      |                    | 1           |                              |            |         |
| Mailing address line                                      |   | City                            |   |          | St                   | ate                | Zip Code -  | + 4                          |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   | Sales tax licensees r   | nust file a return even if no s | sales were made or no ta                              | x or fee | s are due.           |                    |             |                              |            |         |
| mn A — Description  | Column B — Taxabl   | e amount                        | Tax rate  | Colu     | ımn C — <sup>.</sup> | Tax due ·          | – multiply  | column B b                   | oy tax rat | e, ente |
| e Tax on Purchases<br>xable at 6%                         | <sup>1B</sup> \$  | x                               | .06   | 1C       |                      |                    |             |                              |            |         |
| oss Sales   | 2B \$   |                                 |   |          |                      |                    |             |                              |            |         |
| les<br>xable at 6%  | 3B \$   | X                               | .06   | ЗC       | \$                   |                    |             |                              |            |         |
| les and Purchases<br>Off-Premises Alcohol<br>xable at 10% | 4B \$   | x                               | .10   | 4C       |                      |                    |             |                              |            |         |
| her Sales and<br>rchases<br>xable at 10%                  | 5В \$   | х                               | .10   | 5C       | \$                   |                    |             |                              |            |         |
| les for Parking<br>xable at 18%                           | 6B \$   | х                               | .18   | 6C       |                      |                    |             |                              |            |         |
| les and Purchases<br>Other Tobacco<br>xable at 12%        | 7в \$   | х                               | .12   | 7C       |                      |                    |             |                              |            |         |
| les and Purchases<br>xable at 14.5%                       | 8B \$   | x                               | .145  | 8C       |                      |                    |             |                              |            |         |
| eserved   | 9B \$   | X                               |   | 9C       | \$                   |                    |             |                              |            |         |
|   |   | 10.                             | Enter 2% of 911<br>sales receipts less 3%<br>discount | 10C      |                      |                    |             |                              |            |         |
|   |   | 11.                             | . Disposable Carryout<br>Bag Fee<br>(Net of discount) | 11C      |                      |                    |             |                              |            |         |
|   |   | 12.                             | . Reserved  | 12C      |                      |                    |             |                              |            |         |
|   |   | 13.                             | Penalty – 5% per month<br>with a maximum of 25%       | 13C      |                      |                    |             |                              |            |         |
|   |   | 14.                             | Interest – 10% per year                               | 14C      | \$                   |                    |             |                              |            |         |
|   |   | 15                              | Total Amount Due<br>(Add Lines 1C - 14C)              | 15C      | \$                   |                    |             |                              |            |         |
|   | Will the funds for this payment com                           | e from an account outsic        |   |          | Vo 🔿 S               | See inst           | tructions.  |                              |            |         |
| er penalties of law,                                      | declare that this return is correct, to the                   | e best of my knowledge. D       | eclaration of paid prepa                              | rer is b | ased on t            | he infor           | mation av   | ailable to                   | the prep   | oarer.  |
| PLEASE  |   |                                 |   | Te       | elephone N           | lumber o           | of Person t | o Contact                    |            |         |
| SIGN<br>HERE  |   |                                 |   |          |                      |                    |             |                              |            |         |
| Тахр  | yer's signature   | Title                           | Date  | -        |                      |                    |             |                              |            |         |
| PAID<br>PREPARER  |   |                                 |   | Pa       | aid Prepar           | er's PTIN          | ١           |                              |            |         |
|   | irer's signature (if other than taxpayer)<br>name and address |                                 | Date  |          |                      |                    |             |                              |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   |   | 2013 FR-8                       | 00M<br>Jse Tax Monthly Return                         |          |                      |                    |             |                              |            |         |

Mail return and payment to: Office of Tax and Revenue, PO Box 96384, Washington DC 20090-6384.

|   | ne months Oct 1, 2012 - Sept 30,                              | Monthly Return<br>, 2013.       |   | 3 8      | 3 O C                | 0                  | 2 1         | 0 0                          | 0 0        |         |
|---|---|---------------------------------|---|----------|----------------------|--------------------|-------------|------------------------------|------------|---------|
| Taxpayer Identificatior                                   | Fill in: if FEIN  | Account number                  | •   |          | OFFICIA              |                    |             |                              |            |         |
|   | Fill in: O if SSN   |                                 |   |          | venad                | oriD#              | ŧ0000       |                              |            |         |
| Business name   |   |                                 | Due date  |          |                      | Fill in<br>Fill in |             | nended reti<br>al return (\$ |            | ruction |
|   |   |                                 | Tax period en   | ding (N  |                      |                    | 0           |                              |            |         |
| Mailing address line 1                                    |   |                                 |   | iung (ii |                      |                    | 1           |                              |            |         |
| Mailing address line                                      |   | City                            |   |          | St                   | ate                | Zip Code -  | + 4                          |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   | Sales tax licensees r   | nust file a return even if no s | sales were made or no ta                              | x or fee | s are due.           |                    |             |                              |            |         |
| mn A — Description  | Column B — Taxabl   | e amount                        | Tax rate  | Colu     | ımn C — <sup>.</sup> | Tax due ·          | – multiply  | column B b                   | oy tax rat | e, ente |
| e Tax on Purchases<br>xable at 6%                         | <sup>1B</sup> \$  | x                               | .06   | 1C       |                      |                    |             |                              |            |         |
| oss Sales   | 2B \$   |                                 |   |          |                      |                    |             |                              |            |         |
| les<br>xable at 6%  | 3B \$   | X                               | .06   | ЗC       | \$                   |                    |             |                              |            |         |
| les and Purchases<br>Off-Premises Alcohol<br>xable at 10% | 4B \$   | x                               | .10   | 4C       |                      |                    |             |                              |            |         |
| her Sales and<br>rchases<br>xable at 10%                  | 5В \$   | х                               | .10   | 5C       | \$                   |                    |             |                              |            |         |
| les for Parking<br>xable at 18%                           | 6B \$   | х                               | .18   | 6C       |                      |                    |             |                              |            |         |
| les and Purchases<br>Other Tobacco<br>xable at 12%        | 7в \$   | х                               | .12   | 7C       |                      |                    |             |                              |            |         |
| les and Purchases<br>xable at 14.5%                       | 8B \$   | x                               | .145  | 8C       |                      |                    |             |                              |            |         |
| eserved   | 9B \$   | X                               |   | 9C       | \$                   |                    |             |                              |            |         |
|   |   | 10.                             | Enter 2% of 911<br>sales receipts less 3%<br>discount | 10C      |                      |                    |             |                              |            |         |
|   |   | 11.                             | . Disposable Carryout<br>Bag Fee<br>(Net of discount) | 11C      |                      |                    |             |                              |            |         |
|   |   | 12.                             | . Reserved  | 12C      |                      |                    |             |                              |            |         |
|   |   | 13.                             | Penalty – 5% per month<br>with a maximum of 25%       | 13C      |                      |                    |             |                              |            |         |
|   |   | 14.                             | Interest – 10% per year                               | 14C      | \$                   |                    |             |                              |            |         |
|   |   | 15                              | Total Amount Due<br>(Add Lines 1C - 14C)              | 15C      | \$                   |                    |             |                              |            |         |
|   | Will the funds for this payment com                           | e from an account outsic        |   |          | Vo 🔿 S               | See inst           | tructions.  |                              |            |         |
| er penalties of law,                                      | declare that this return is correct, to the                   | e best of my knowledge. D       | eclaration of paid prepa                              | rer is b | ased on t            | he infor           | mation av   | ailable to                   | the prep   | oarer.  |
| PLEASE  |   |                                 |   | Te       | elephone N           | lumber o           | of Person t | o Contact                    |            |         |
| SIGN<br>HERE  |   |                                 |   |          |                      |                    |             |                              |            |         |
| Тахр  | ayer's signature  | Title                           | Date  | -        |                      |                    |             |                              |            |         |
| PAID<br>PREPARER  |   |                                 |   | Pa       | aid Prepar           | er's PTIN          | ١           |                              |            |         |
|   | rrer's signature (if other than taxpayer)<br>name and address |                                 | Date  |          |                      |                    |             |                              |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   |   | 2013 FR-8                       | 00M<br>Jse Tax Monthly Return                         |          |                      |                    |             |                              |            |         |

DCS005M

Mail return and payment to: Office of Tax and Revenue, PO Box 96384, Washington DC 20090-6384.

|   | ne months Oct 1, 2012 - Sept 30,                              | Monthly Return<br>, 2013.       |   | 3 8      | 3 O C                | 0                  | 2 1         | 0 0                          | 0 0        |         |
|---|---|---------------------------------|---|----------|----------------------|--------------------|-------------|------------------------------|------------|---------|
| Taxpayer Identificatior                                   | Fill in: if FEIN  | Account number                  | •   |          | OFFICIA              |                    |             |                              |            |         |
|   | Fill in: O if SSN   |                                 |   |          | venad                | oriD#              | ŧ0000       |                              |            |         |
| Business name   |   |                                 | Due date  |          |                      | Fill in<br>Fill in |             | nended reti<br>al return (\$ |            | ruction |
|   |   |                                 | Tax period en   | ding (N  |                      |                    | 0           |                              |            |         |
| Mailing address line 1                                    |   |                                 |   | iung (ii |                      |                    | 1           |                              |            |         |
| Mailing address line                                      |   | City                            |   |          | St                   | ate                | Zip Code -  | + 4                          |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   | Sales tax licensees r   | nust file a return even if no s | sales were made or no ta                              | x or fee | s are due.           |                    |             |                              |            |         |
| mn A — Description  | Column B — Taxabl   | e amount                        | Tax rate  | Colu     | ımn C — <sup>.</sup> | Tax due ·          | – multiply  | column B b                   | oy tax rat | e, ente |
| e Tax on Purchases<br>xable at 6%                         | <sup>1B</sup> \$  | x                               | .06   | 1C       |                      |                    |             |                              |            |         |
| oss Sales   | 2B \$   |                                 |   |          |                      |                    |             |                              |            |         |
| les<br>xable at 6%  | 3B \$   | X                               | .06   | ЗC       | \$                   |                    |             |                              |            |         |
| les and Purchases<br>Off-Premises Alcohol<br>xable at 10% | 4B \$   | x                               | .10   | 4C       |                      |                    |             |                              |            |         |
| her Sales and<br>rchases<br>xable at 10%                  | 5В \$   | х                               | .10   | 5C       | \$                   |                    |             |                              |            |         |
| les for Parking<br>xable at 18%                           | 6B \$   | х                               | .18   | 6C       |                      |                    |             |                              |            |         |
| les and Purchases<br>Other Tobacco<br>xable at 12%        | 7в \$   | х                               | .12   | 7C       |                      |                    |             |                              |            |         |
| les and Purchases<br>xable at 14.5%                       | 8B \$   | x                               | .145  | 8C       |                      |                    |             |                              |            |         |
| eserved   | 9B \$   | X                               |   | 9C       | \$                   |                    |             |                              |            |         |
|   |   | 10.                             | Enter 2% of 911<br>sales receipts less 3%<br>discount | 10C      |                      |                    |             |                              |            |         |
|   |   | 11.                             | . Disposable Carryout<br>Bag Fee<br>(Net of discount) | 11C      |                      |                    |             |                              |            |         |
|   |   | 12.                             | . Reserved  | 12C      |                      |                    |             |                              |            |         |
|   |   | 13.                             | Penalty – 5% per month<br>with a maximum of 25%       | 13C      |                      |                    |             |                              |            |         |
|   |   | 14.                             | Interest – 10% per year                               | 14C      | \$                   |                    |             |                              |            |         |
|   |   | 15                              | Total Amount Due<br>(Add Lines 1C - 14C)              | 15C      | \$                   |                    |             |                              |            |         |
|   | Will the funds for this payment com                           | e from an account outsic        |   |          | Vo 🔿 S               | See inst           | tructions.  |                              |            |         |
| er penalties of law,                                      | declare that this return is correct, to the                   | e best of my knowledge. D       | eclaration of paid prepa                              | rer is b | ased on t            | he infor           | mation av   | ailable to                   | the prep   | oarer.  |
| PLEASE  |   |                                 |   | Te       | elephone N           | lumber o           | of Person t | o Contact                    |            |         |
| SIGN<br>HERE  |   |                                 |   |          |                      |                    |             |                              |            |         |
| Тахр  | ayer's signature  | Title                           | Date  | -        |                      |                    |             |                              |            |         |
| PAID<br>PREPARER  |   |                                 |   | Pa       | aid Prepar           | er's PTIN          | ١           |                              |            |         |
|   | rrer's signature (if other than taxpayer)<br>name and address |                                 | Date  |          |                      |                    |             |                              |            |         |
|   |   |                                 |   |          |                      |                    |             |                              |            |         |
|   |   | 2013 FR-8                       | 00M<br>Jse Tax Monthly Return                         |          |                      |                    |             |                              |            |         |

DCS005M

Mail return and payment to: Office of Tax and Revenue, PO Box 96384, Washington DC 20090-6384.



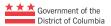
Important: Print in CAPITAL letters using black ink.

| Taxpayer Identification Number       Fill inif FEIN         Fill inif SSN  | OFFICIAL USE |
|--|--------------|
| Account number (provided by OTR when business was registered)              |              |
| Old business name  |              |
|  |              |
| Old mailing address line #1  |              |
|  |              |
| Old mailing address line #2  |              |
| City State   | Zip Code + 4 |
|  |              |
| Date of change MMDDYYYY New Taxpayer Identification Number (if applicable) |              |
|  |              |
| New business name  |              |
| New mailing address line #1  |              |
| New mailing address line #2  |              |
|  |              |
| City State   | Zip Code + 4 |
|  |              |
| Contact person   |              |
|  |              |
| Contact telephone number   |              |

#### Instructions

The FR-800C "Change of Name or Address" form may be used to make a name or address change for your Sales and Use Return.

- Fill in your taxpayer identification number.
- Fill in the appropriate oval to indicate whether the number entered is a Federal Employer Identification Number (FEIN) or a Social Security Number (SSN).
- Complete all lines affected by your change.
- Fill in the contact person and telephone number fields.
- Mail the completed form to the Office of Tax and Revenue, PO Box 470, Washington, DC 20044-0470.



## FR-800SF Close of Business Final Report

Important: Print in CAPITAL letters using black ink

| Taxpayer Identification Number       Fill in if FEIN         Fill in if SSN | OFFICIAL USE |
|---|--------------|
| Business name   |              |
| Mailing address line #1   |              |
| Mailing address line #2   |              |
| City State  | Zip Code + 4 |

#### If business was sold, state purchaser's name, address and date sold:

| Purchaser's name            |          |
|-----------------------------|----------|
|                             |          |
| Purchaser's address line #1 |          |
|                             |          |
| Purchaser's address line #2 |          |
|                             |          |
| City State Zip C            | code + 4 |
|                             |          |
| Date sold (MMDDYYYY)        |          |
|                             |          |
|                             |          |

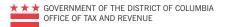
### If business has been closed or discontinued:

Date closed or discontinued (MMDDYYYY)

| Reason     |        |        |         |       |      |       |      |      |    |  |  |   |   |   |    |      |  |  |  |   |  |  |
|------------|--------|--------|---------|-------|------|-------|------|------|----|--|--|---|---|---|----|------|--|--|--|---|--|--|
|            |        |        |         |       |      |       |      |      |    |  |  |   |   |   |    |      |  |  |  |   |  |  |
|            |        |        |         |       |      |       |      |      |    |  |  |   |   |   |    |      |  |  |  | Γ |  |  |
|            |        |        | Т       |       |      |       |      |      |    |  |  | Γ | Γ | Γ |    |      |  |  |  | Т |  |  |
| Person     | to co  | ontact | t for a | addit | iona | l inf | orma | atio | n: |  |  |   |   |   |    |      |  |  |  |   |  |  |
| Contact pe | erson  |        |         |       |      |       |      |      |    |  |  |   |   |   | Ti | itle |  |  |  |   |  |  |
|            |        |        |         |       |      |       |      |      |    |  |  |   |   |   |    |      |  |  |  |   |  |  |
| Contact te | elepho | ne num | nber    |       |      |       |      |      |    |  |  |   |   |   |    |      |  |  |  |   |  |  |
|            |        |        |         |       |      |       |      |      |    |  |  |   |   |   |    |      |  |  |  |   |  |  |

## Instructions

Complete this FR-800SF "Close of Business Final Report" form if business is sold, closed or discontinued. Mail the completed form along with your Certificate of Registration to the Office of Tax and Revenue, PO Box 470, Washington, DC 20044-0470.



| OFFICIAL | USE |
|----------|-----|
|----------|-----|

| CLAIM | FOR | REFUND  |
|-------|-----|---------|
| SALES | AND | USE TAX |

NAME OF TAXPAYER

TRADE NAME

FP-331 Year 201\_\_\_\_

○ FEDERAL EMPLOYER IDENTIFICATION NO. ○ SSN

STREET ADDRESS

| $\cap$ | т | -v |
|--------|---|----|
| U      |   |    |
|        |   |    |

STATE ZIP CODE

FAX #:

| N               | OTE: FOR TAX I    | PAID ON MORE       | THAN ONE RETURN,            | LIST EACH ON A SEPARATE LINE           |
|-----------------|-------------------|--------------------|-----------------------------|--|
| PERIOD<br>ENDED | TOTAL TAX<br>PAID | DATE OF<br>PAYMENT | AMOUNT OF<br>REFUND CLAIMED | EXPLANATION OF OVERPAYMENT             |
|                 |                   |                    |                             |  |
|                 |                   |                    |                             |  |
|                 |                   |                    |                             |  |
|                 |                   |                    |                             |  |
|                 |                   |                    |                             |  |
|                 |                   |                    |                             |  |
|                 |                   |                    |                             |  |
|                 |                   |                    |                             |  |
|                 |                   |                    |                             |  |
|                 |                   |                    |                             |  |
|                 |                   |                    |                             |  |
|                 |                   |                    |                             |  |
|                 | \$                | ←TOTAL→            | \$                          | (FOR ADDITIONAL SPACE, USE OTHER SIDE) |

PHONE #

Under penalties of law the duly authorized applicant(s) do solemnly swear or affirm that the foregoing statements are correct to the best of my (our) knowledge.

| AUTHORIZED SIGNATURE | TITLE |         |       | DATE   |
|----------------------|-------|---------|-------|--------|
|                      |       | OFFICIA | L USE |        |
|                      |       | INITIAL | DATE  | AMOUNT |

APPROVED

DENIED

### **FP-331 Instructions**

### **Sales and Use Tax**

Section 47-2020(a) of the DC Sales Tax Act allows a refund of tax erroneously or illegally collected if a claim is filed within **three years** from the date you paid the tax. If the tax has been collected from the customer, it must be refunded by the seller to the customer in cash or credit <u>before</u> the vendor can apply for a refund.

Attach your evidence to support the claim for refund. Include copies of original invoices and Certificates of Resale (OTR-368), tax exemption numbers of semipublic institutions, credit memos for returned sales or taxes refunded to customers and any other related documents.

Mail the claim to:

Office of Tax and Revenue Audit Division PO Box 556 Washington, DC 20044-0556

Questions? Call us at (202) 727-4829.



### GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF TAX AND REVENUE

# CERTIFICATE OF RESALE DISTRICT OF COLUMBIA SALES AND USE TAX

| FROM:                            |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|
| PURCHASER                        |  |  |  |  |  |
|                                  |  |  |  |  |  |
| TRADE NAME (IF ANY)              |  |  |  |  |  |
|                                  |  |  |  |  |  |
| PURCHASER'S STREET ADDRESS       |  |  |  |  |  |
|                                  |  |  |  |  |  |
| CITY STATE ZIP CODE              |  |  |  |  |  |
|                                  |  |  |  |  |  |
| DC CERTIFICATE OF REGISTRATION # |  |  |  |  |  |
|                                  |  |  |  |  |  |
|                                  |  |  |  |  |  |

I certify that all of the tangible personal property and services purchased from you in connection with this sale are for resale or rental either in the same form or for incorporation as a material part of other property being produced for resale or rental.

This certificate shall be considered a part of each order we shall give, provided the order contains our DC Certificate of Registration number and will continue in force until revoked by written notice to you.

| AUTHORIZED SIGNATURE | TITLE | DATE |
|----------------------|-------|------|
|                      |       |      |
|                      |       |      |

## **SELLER MUST KEEP THIS CERTIFICATE**

# INSTRUCTIONS

This certificate is not valid unless it contains the purchaser's District of Columbia Sales and Use Tax Registration Number. It must be signed by the owner or authorized officer and must be dated.

If you, as the issuer of the certificate of resale, buy items from the seller that do not qualify for tax exemption, you should advise the seller to charge the appropriate sales tax on such items. Otherwise, the purchaser is required to report to OTR and pay use tax directly using the Sales and Use Tax returns FR-800A (annual), FR-800M (monthly), FR-800Q (quarterly), FR-800SE (Special Event) or FR-800V Street Vendor (quarterly).

The seller must retain all Certificates of Resale on file to substantiate exemptions in case of an audit of its DC Sales and Use Tax returns.

To be eligible to use this certificate, purchasers who are located inside or outside the District of Columbia must file DC Form FR-500, Combined Registration Application for Business DC/Taxes/Fees/Assessments, with the Office of Tax and Revenue, 1101 4th St., SW, Washington DC 20024 (202-727-4829).

| GOVERNMENT OF THE DISTRICT OF COLUMBIA<br>OFFICE OF TAX AND REVENUE<br>P O BOX 96384<br>WASHINGTON DC 20090-6384 | GOVERNMENT OF THE DISTRICT OF COLUMBIA<br>OFFICE OF TAX AND REVENUE<br>P O BOX 96384<br>WASHINGTON DC 20090-6384 |
|--|--|
| GOVERNMENT OF THE DISTRICT OF COLUMBIA<br>OFFICE OF TAX AND REVENUE<br>P O BOX 96384<br>WASHINGTON DC 20090-6384 | GOVERNMENT OF THE DISTRICT OF COLUMBIA<br>OFFICE OF TAX AND REVENUE<br>P O BOX 96384<br>WASHINGTON DC 20090-6384 |
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[Chinese/中文] 您需要協助閱讀或了解英文嗎?請致電 202-727-4829 或請到 941 1101 4th St SW 2nd Floor,要求免費語言熱線(Language Line)口譯員協助您。

[Korean/한국어] 영어를 읽거나 이해하기 위해 다른 사람의 도움이 필요하십니까? 202-727-4829 번으로 전화하시거나 1101 4th St SW 2nd Floor 를 방문하십시오. 귀하를 도와드릴 무료 랭귀지 라인(Language Line) 통역사를 요청하십시오.

[Spanish/Español] ¿Necesita ayuda para leer o entender inglés? Llame al 202-727-4829 o venga a 1101 4th St SW 2nd Floor. Pida que le asignen un intérprete de la Línea de los Idiomas (Language Line) para que le ayude, sin costo alguno.

[Vietnamese/Tiếng Việt] Quý vị có cần giúp đỡ để đọc và hiểu Anh ngữ không? Xin gọi 202-727-4829 hoặc đến 1101 4th St SW 2nd Floor. Yêu cầu có được thông dịch viên Đường Dây Ngôn Ngữ (Language Line) để giúp đỡ miễn phí cho quý vị.