



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

File this return for each of the months Oct 2013 - Sept 2014.

OFFICIAL USE ONLY
Vendor ID # 0002

Taxpayer Identification Number Fill in: if FEIN

Business name Fill in: if SSN Due date

Mailing address line 1 Tax period ending (MMYY) Fill in if Amended return

Mailing address line 2 City State Zip Code + 4

Event name

Sales tax licensees must file a return even if no sales were made or no tax or fees are due.

Column A — Description	Column B — Taxable amount	Tax rate	Column C — Tax due — multiply column B by tax rate, enter here
1. Use Tax on Purchases Taxable at 5.75%	1B \$	X .0575	1C \$
2. Gross Sales	2B \$		
3. Sales Taxable at 5.75%	3B \$	X .0575	3C \$
4. Sales and Purchases of Off-Premises Alcohol Taxable at 10%	4B \$	X .10	4C \$
5. Other Sales and Purchases Taxable at 10%	5B \$	X .10	5C \$
6. Sales for Parking Taxable at 18%	6B \$	X .18	6C \$
7. Sales and Purchases of Other Tobacco Taxable at 12%	7B \$	X .12	7C \$
8. Sales and Purchases Taxable at 14.5%	8B \$	X .145	8C \$
9. Reserved	9B \$	X ____	9C \$
		10. Enter 2% of 911 sales receipts less 3% discount	10C \$
		11. Disposable Carryout Bag Fee (Net of discount)	11C \$
		12. Reserved	12C \$
		13. Penalty — 5% per month with a maximum of 25%	13C \$
		14. Interest — 10% per year	14C \$
		15. Total Amount Due (Add Lines 1C - 14C)	15C \$

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

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

PLEASE SIGN HERE	Taxpayer's signature	Title	Date	Telephone Number of Person to Contact
	Preparer's signature (if other than taxpayer)		Date	Paid Preparer's PTIN
PAID PREPARER ONLY	Firm name and address			