

For Dept Use Only

Please use black ink to complete form

SST ID:	Ownership RID:		
	License Number:		
Name & Address	Report Period:	through	
	Return Due Date:		
	Check here if this is an amended return		
	Check here if no sales or taxes to report		
Part I - Summary - Do not use dollar signs, comma	s or periods	(Dollars) (Cents)	
Line A. Gross Sales & Services (Total Sales)			
Line B. Total Deductions (Sales & services which are exempt or not tax	ed)		

- Line C. Net Taxable Sales & Services (Line A minus Line B)
- Line D. Jurisdictional Taxes Due (Part II, Line M)
- Line E. Lodging Tax Due (Complete Part IV supplement if any lodging taxes due, otherwise enter zero)
- Line F. Total Taxes Due (Line D plus Line E)
- Line G. Vendor Compensation Credit
- Line H. Penalties, Interest or Dept. of Revenue Billing (See instructions)
- Line I. Credit Memo from Dept. of Revenue (See instructions)
- Line J. Total Amount Due (Subtract Line G from F, then Add Line H and Subtract Line I)

Part II - Jurisdictional Tax Information

(Col 1) Jurisdiction Name Code	(Col 2) Jurisdiction Digit Code	(Col 3) Tax Rate % in Effect	(Col 4) Sales Tax Due	(Col 5) Use Tax Due	(Col 6) Excess Tax Due	(Col 7) Net Tax Due (Add Columns 4, 5, & 6)

	Line K. Total Net Tax (Add totals in Column 7)	
Total Number	Line L. Sum of Line 1 results from all Part III Supplemental Pages	
Supplemental Pages Included	Line M. Total Jurisdictional Tax Due (Add Lines K & L. Enter results here & on Part I, Line D	

Please attach an additional page with any changes pertaining to: address, ownership or contact information changes.

Date:

Signature:	Title:	
I declare, under penalty of perjury, that I have examined this return and to the	11101	
best of my knowledge and belief it is correct and complete.	Phone Number:	
Date business permanently closed:	Name (Printed):	