



Vendor's license number

Reporting period

to

For State Use Only

FEIN or Social Security number

Must be received by

Please mark here if paid through EFT.

Please mark here if amended return.

Name	Address	City	State	ZIP
------	---------	------	-------	-----

1. Gross sales .....	1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Exempt sales (including exempt motor vehicle sales) .....	2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Net taxable sales (subtract line 2 from line 1) .....	3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Sales upon which tax was paid to clerks of courts (motor vehicles, trailers, etc.) .	4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Reportable taxable sales (subtract line 4 from line 3) .....	5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Tax liability on sales reported on line 5 .....	6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Minus discount (see instructions) .....	7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Plus additional charge (see instructions) .....	8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Net amount due .....	9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 **Use the following lines *only* if you made accelerated sales tax payments!**

10. Accelerated payments and carryover from previous period .....	10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Balance due (if line 10 is less than line 9, subtract line 10 from line 9) .....	11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Overpayment* (if line 10 is greater than line 9, subtract line 9 from line 10) ....	12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Overpayment will be credited to the next period.

To Cancel Vendor's License  
Enter Last Day of Business

**Go paperless!**  
**File your return through**  
**Ohio Business Gateway.**  
**[www.obg.ohio.gov](http://www.obg.ohio.gov)**

Do not staple check to form or attach check stub.  
Do not send cash. Make remittance payable to the  
Ohio Treasurer of State and mail all four pages of this form to:

**Ohio Department of Taxation**  
**P.O. Box 16560**  
**Columbus, OH 43216-6560**

I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete return and report.

For State Use Only

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



Ohio Department of TAXATION

Please do not use staples.



07030202

UST 1 Long Rev. 10/06

Universal Ohio State, County and Transit Sales Tax Return

Supporting schedule must be completed showing taxable sales and the combined state, county and transit authority taxes on a county-by-county basis.

Vendor's license number

Reporting period

Vendor's license number input boxes

Reporting period input boxes (MMDDYY to MMDDYY)

Table with columns: County Name, County Number, Taxable Sales\*, Tax Liability\*. Includes a list of Ohio counties and corresponding input boxes for sales and liability.

Page 2 subtotal

Page 2 subtotal input box

Page 2 subtotal input box



Ohio Department of TAXATION

Please do not use staples.



07030302

UST 1 Long Rev. 10/06

Universal Ohio State, County and Transit Sales Tax Return

Supporting schedule must be completed showing taxable sales and the combined state, county and transit authority taxes on a county-by-county basis.

Vendor's license number

Reporting period

Vendor's license number input boxes

Reporting period input boxes (MMDDYY to MMDDYY)

Table with columns: County Name, County Number, Taxable Sales\*, Tax Liability\*. Includes rows for counties from Hancock to Paulding.

Page 3 subtotal

Page 3 subtotal input box

Page 3 subtotal input box



Ohio Department of TAXATION

Please do not use staples.



07030402

UST 1 Long Rev. 10/06

Universal Ohio State, County and Transit Sales Tax Return

Supporting schedule must be completed showing taxable sales and the combined state, county and transit authority taxes on a county-by-county basis.

Vendor's license number

Reporting period

Vendor's license number input boxes

Reporting period input boxes (MMDDYY to MMDDYY)

Table with columns: County Name, County Number, Taxable Sales\*, Tax Liability\*. Rows include Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot.

Subtotal this page, Page 2 subtotal, Page 3 subtotal, Grand total\* input fields

Subtotal this page, Page 2 subtotal, Page 3 subtotal, Grand total\* input fields

\*Enter totals on lines 5 and 6 on the front page of this return.