

■ T Code

56050

■ Taxpayer number

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Accounts (Rev.4-19/40)	DDDD			
exas Sales and Use Tax Ret	urn	b. ■	* 9 1 1 1 4 9	10 W 10 4 1 9 4
■ 5PJ00	Do not staple		ctions, Form 01-9 in shaded areas.	<i>122.</i> Page 1 of
axpayer number			_	. ugo . o
	d. Filing period	е.		f. Due date
Taxpayer	name and mailing addre	ss	 Blacken this box if you address has changed by the preprinted info 	
			Blacken this box if you in business. Write in out of business. Blacken this box if or	ou are no longer the date you went 2. Integral in the control in the contro
			locations is out of bu changed its address.	siness or nas 3. ¾
u have certain rights under Chapters 552 and 55 rmation we have on file about you. Contact us at	9, Government Code, to re the address or phone num	eview, request and correct h. bbers indicated in the instructions.	i.	
Return MUST be filed even if			d zero to report in Items 1, 2 a ken this box, sign and date th	
Are you taking credit to reduce taxes due on this return? If you are claiming bad debt credit to recyour tax due, you must file electronically .	uce YES NO	PLEASE PRINT YOUR NUMERALS LIKE THIS	01234	56789
bid you refund sales tax for items exported outs the U.S. based on a Texas Licensed Customs Broker Export Certificate? (Blacken appropriate bo.	YES NO	6. Physical location (outlet) name a	and address Outlet	
If you answered yes to either question jor Form 01-148 and submit it with	k, you must complete your return.	(Do not use a P.O. box address.)	no. ■	
. TOTAL TEXAS SALES (Whole dollars only) ■				
TAXABLE SALES (Whole dollars only) ■		7. AMOUNT OF TAX DUE FOR THIS	COUTLET (Dollars and o	onts)
. TAXABLE PURCHASES (Whole dollars only)		(Multiply "Amount subject to tax" by		
I. Amount subject to state tax (Item 2 plus Item 3) ■		X	7a.State tax (includ	de in Item 8a)
5. Amount subject to local tax (Amount for city, transit, county and SPD must be equal.)		x =		include in Item 8b)
- 56790		■ STATE TAX - Column a	■ LOCAL	TAX - Column b
8. Total tax due (from all outlets or list suppler	nents)			
01-114 (Rev.4-19/40) D D D D D D D D D D D				
10. Adjusted tax due (Item 8 minus Item 9)	=			
11. Timely filing discount (0.005)	_			
12. Prior payments				
13. Net tax due (Item 10 minus Items 11 and 1	2)			-
14. Penalty and interest (See instructions)	+	. Total state amount due	15b. Total local a	mount due
15. TOTAL STATE AND LOCAL AMOUNT (Item 13 plus Item 14)	DUE	. I otal state amount due	Tob. Total local a	
Mail to: Comptroller of Public Acco P.O. Box 149354 Austin, TX 78714-9354				

Taxpayer name n. I declare that the information in this document and any attachments is true and correct to the best of my knowledge.

Sign

Taxpayer or duly authorized agent

Date

Date

Daytime phone (Area code & number) Daytime phone (Area code & number)

■ Period

16. TOTAL AMOUNT PAID (Total of Items 15a and 15b)

Make check payable to: STATE COMPTROLLER.