

Texas Sales and Use Tax Return

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■ 5PJ00			ions, Form 01-9		
axpayer number	Do not staple or paper clip	o. • Do not write in	shaded areas.	Page 1 of	
	d. Filing period	e.		f. Due date	
Taxpayer name ar	d mailing address		Blacken this box if y in business. Write in out of business. Blacken this box if o locations is out of business.	d. Show changes ormation	
have certain rights under Chapters 552 and 559, Governmation we have on file about you. Contact us at the addre	ess or phone numbers indicated		i.		
Return MUST be filed even if no ta		I. NO SALES - If you had for this filing period, blacke to the Comptroller's office.			
return for taxes you paid in error on your own purchases? (Blacken appropriate box)	2	PLEASE PRINT YOUR NUMERALS LIKE THIS	01234	56789	
the Ü.S. based on a Texas Licensed Customs Broker Export Certificate? (Blacken appropriate box) 1 If you answered yes to either question jor k, you return of 1-148 and submit it with your return of 1-1	2 m 6. Phy nust complete	vsical location (outlet) name an not use a P.O. box address.)	d address Outlet no. ■		
TOTAL SALES (Whole dollars only)					
TAXABLE SALES (Whole dollars only)■		OUNT OF TAX DUE FOR THIS (
TAXABLE PURCHASES (Whole dollars only)	SES				
Amount subject to state tax (Iftem 2 plus Item 3) Amount subject to local tax (Amount for city, transit, county and SPD must be equal.)	x = x =		= Ta.State tax (inclu	de in Item 8a) include in Item 8b)	
■ 56790	■ STATE	E TAX - Column a	■ LOCAL	. TAX - Column b	
8. Total tax due (from all outlets or list supplements)					
01-114 (Rev.4-13/37) D D D D 9. Prepayment credit				***************************************	
Adjusted tax due (Item 8 minus Item 9) Timely filing discount (0.005)					
2. Prior payments					
Net tax due (Item 10 minus Items 11 & 12) Penalty and interest (See instructions)					
5. TOTAL STATE AND LOCAL AMOUNT DUE (Item 13 plus Item 14)	15a. Total state	amount due	15b. Total local a	tmount due	
Mail to: Comptroller of Public Accounts P.O. Box 149354 Austin, TX 78714-9354					
T Code ■ Taxpayer number	■ Period	16. TOTAL AMOUNT PAID (Total of Items 15a and 15b)			
xpayer name			n.		
declare that the information in this document and any sign Taxpayer or duly authorized agent Taxpa	Date Date	ect to the best of my knowledge Daytime phone (Area code & nu	mber) Make che	ck payable to: DMPTROLLER.	