

## **GROSS RECEIPTS ASSESSMENT REPORT**

Do not write in the space above

Taxpayer number Co		Commission certificate number			For Comptroller's use only		
					T Code	<del>)</del>	■ 90100
Taxpayer name and mailing address					Deposi	t Code	<b>230</b>
					Check busin	ess type	
							Геlephone
							olopholio
Enter the annual reporting period for which this report is being filed.							
Calendar Reporting Period	Reporting Period		Assessment Period			Due Date	
Annual			July through June		June	August 15	
REPORTING PERIOD		MONTHLY G	ROSS RECEIPTS	<u> </u>			ERLY TOTALS
REPORTING PERIOD	1st month	2nd	d month	3rd mont	th	QUARTE	:RLY TOTALS
1st Quarter							
On d Overster							
2nd Quarter							
3rd Quarter							
Ath Ownstan							
4th Quarter							
Annual	July	through	June				
					1		
1. Enter total receipts for the year						\$	
						<b>!.</b>	
2. TOTAL ASSESSMENT DUE (Multiply Item 1 by .001667)						S.	
3. Deduct authorized overpayments applied to this period (The deduction must be net of any penalties and/or interest assessed)						·•	
						4.	
4. NET ASSESSMENT DUE (Item 2 minus Item 3)						i.	
5. Late filling penalty: 10% of Item 4 if report filed after due date						·•	
						6.	
6. Amount due (Item 4 plus Item 5)						·.	
7. Late payment interest starting 31 days after due date: 12 % per annum simple interest, based on Item 6						•	
						I.	
8. TOTAL AMOUNT DUE AND PAYABLE (Item 6 plus Item 7)						5 <b>■</b>	
Complete this report and make amount in Item 8 payable to  I declare that the above informati knowledge and belief.					formation is t	true and corre	ct to the best of my
STATE COMPTROLLER							
Mail to: COMPTROLLER OF PUBLIC ACCOUNTS  111 E. 17th Street						r	
Austin, Texas 78774-0100 Business phone						Date	е