\leftarrow For Dept Use Only \rightarrow

Please	use bla	ck ink to	compl	ete form
ICASC	use bie		, combi	

	SS	T ID:				Ownership RID:							
							License Nu	mber:					
	Nan						Report Period:		through				
n ⊕ &						Return Due Date:							
	Name & Address						Check here if this is an amended return						
	dres						Check here if no sales or taxes to report						
	U,												
Par	tI-	- Su	ımmary - D	o not us	se dollar sigr	ns, commas	or period	s		(Dollars)	(Cents)		
Line	Α.	A. Gross Sales & Services (Total Sales)											
Line	В.	Total Deductions (Sales & services which are exempt or not taxed)											
Line	C.	Net Taxable Sales & Services (Line A minus Line B)											
Line	D.	Jurisdictional Taxes Due (Part II, Line K)											
Line	Е.	E. Vendor Compensation Credit											
Line	Line F. Penalties, Interest or Dept. of Revenue Billing (See instructions)												
Line G. Credit Memo from Dept of Revenue (See instructions)													
Line	н.	Total	Amount Due (Subtract Lir	ne E from Line D,	Add Line F, then	subtract Line	G)					
_													
					formation - I				•				
	Col		Col 2	Col 3	Col 4	Col 5	Co		Col 7	Col 8			
Jurisdiction Name Code (Use CAPS)		ode	Jurisdiction Digit Code	Tax Rate % in Effect	Select quarter(s) where taxes were collected at rate in Column 3	Sales Tax Du	e Use Tax Due		Excess Tax Due	Net Tax Due (Add Columns 5, 6, & 7)			
					Q1 Q2 Q3 Q4					3, 3, 3	• ,		
				%									
Total Number Line I. Total Net Tax (add totals in Column 8)													
Supplemental Pages		Line J. Sum of Line 1 results from all Part III Supplemental Pages											
Included with This Return (Ad					(Add Lines I &	Line K. Total Jurisdictional Tax Due Add Lines I & J. Enter results here & in Part I, Line D)							
Plea	se a	attac	h an additiona	al page wit	h any changes լ	pertaining to: a	ddress, owne	ership or	contact inform	mation chang	jes.		
								Date:			_		
Sign		_	nenalty of porice	ny that I have	e examined this retu	rn and to the		Title:			_		
best o	of my	/ knov	vledge and belief	it is correct a	and complete.	in anu lu lile	Phone Nu	mber:			_		
Date business permanently closed: Name (Printed):													