DEPARTMENT OF REVENUE

Annual Sales Tax Return

YEAR:

TAXPAYER INFORMATION

Taxpayer / Business Name

Mailing Address

City, State, Zip Code

State Tax Account Number

Federal Employer ID Number (FEIN)

Due Date

PART 1: GROSS SALES & DEDUCTIONS

Line	Description	Amount
1	Gross Sales / Receipts	
2	Sales of Exempt Goods and Services	
3	Sales to Out-of-State Buyers (Deliveries outside state)	
4	Other Approved Deductions	
5	**Total Deductions** (Add Lines 2, 3, and 4)	
6	**Net Taxable Sales** (Subtract Line 5 from Line 1)	

PART 2: TAX CALCULATION

Line	Description	Amount
7	Gross Tax Due (Multiply Line 6 by state tax rate of [ ] %)	
8	Excess Tax Collected	
9	Total Tax Due (Add Line 7 and Line 8)	
10	Penalty (For late filing or payment)	
11	Interest (For late filing or payment)	
12	**Total Amount Due** (Add Lines 9, 10, and 11)	

PART 3: CERTIFICATION & SIGNATURE

I declare under penalty of perjury that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Authorized Signature

Title

Date

Preparer's Signature (if other than taxpayer)

Preparer's PTIN / EIN

Phone Number

Make checks payable to the Department of Revenue. Mail the completed return and payment to the designated state tax address on or before the specified due date to avoid interest and penalty charges.