DEPARTMENT OF REVENUE

State Sales Tax Return

TAXPAYER INFORMATION

Legal Name:

Trade Name (DBA):

Street Address:

City, State, ZIP:

FILING PERIOD & ACCOUNT DETAILS

State Tax ID Number:

FEIN / SSN:

Filing Period (MM/YYYY):

Due Date (MM/DD/YYYY):

SALES & TAX COMPUTATION

Line	Tax Category Description	Amount ($)
1	Gross Sales of Tangible Personal Property & Services	
2	Less: Sales of Exempt Goods & Services	
3	Less: Sales to Registered Resellers (Certificates on File)	
4	Less: Other Allowable Deductions (Attach Schedule)	
5	**Total Taxable Sales** (Line 1 minus Lines 2, 3, and 4)	
6	State Sales Tax Due (Multiply Line 5 by State Tax Rate %)	
7	Local / County Sales Tax Due (If applicable)	
8	Excess Tax Collected (If any)	
9	**Total Tax Due Before Adjustments** (Add Lines 6, 7, and 8)	
10	Less: Timely Filing Discount / Collection Allowance	
11	Plus: Penalty (For late filing/payment)	
12	Plus: Interest (For late payment)	
13	**Total Amount Due & Payable** (Line 9 minus Line 10 plus Lines 11 and 12)	

DECLARATION AND SIGNATURE

I declare under penalties of perjury that I have examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized Signature:

Title:

Date:

Preparer's Signature (If applicable):

Preparer PTIN:

Phone: