STATE SALES TAX RETURN

Department of Revenue

Taxpayer Name:
Mailing Address:
City, State, Zip:
Tax Registration Number:
Reporting Period (MM/YYYY):
Due Date:

Line No.	Tax Classifications / Descriptions	Gross Amount	Deductions / Exemptions	Taxable Amount
1	Retail Sales			
2	Wholesale Sales			
3	Use Tax (Purchases subject to use tax)			
4	Other Taxable Transactions			
5	**Total Taxable Amount (Sum of Lines 1 through 4)**			

Line No.	Tax Computation	Rate	Tax Due
6	State Sales Tax (Multiply Line 5 by Rate)		
7	Local / County Sales Tax (If applicable)		
8	Other District Taxes		
9	Penalty (If filed after due date)	-	
10	Interest (If filed after due date)	-	
11	Less Credits / Prepayments	-	
12	**Total Amount Due / Remittance (Line 6 + 7 + 8 + 9 + 10 - 11)**		

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

Authorized Signature:
Title / Capacity:
Date:
Phone: