MUNICIPAL SALES TAX RETURN

Local Taxing Jurisdiction Filing Form

LEGAL BUSINESS NAME _____

TRADE NAME / DBA _____

MAILING ADDRESS (STREET, CITY, STATE, ZIP) _____

MUNICIPAL ACCOUNT NUMBER _____

FEIN / SSN _____

FILING PERIOD (MM/YYYY) _____

DUE DATE _____

AMENDED RETURN? ☐ Yes ☐ No

DATE BUSINESS CLOSED (IF APPLICABLE) _____

GROSS RECEIPTS & DEDUCTIONS

	DESCRIPTION	AMOUNT
1	Gross Sales / Receipts	
2	Sales to Other Licensed Dealers for Resale	
3	Nontaxable Sales (Services, Exempt Goods)	
4	Sales Delivered Outside of Jurisdiction Limits	
5	Other Allowable Deductions (Attach Schedule)	
6	**Total Deductions** (Add Lines 2 through 5)	
7	**Net Taxable Sales** (Line 1 minus Line 6)	

TAX CALCULATION

	DESCRIPTION	AMOUNT
8	Municipal Tax Rate (%)	
9	Gross Tax Due (Multiply Line 7 by Line 8)	
10	Excess Tax Collected	
11	Total Tax Due (Add Line 9 and Line 10)	
12	Penalty (For late filing/payment)	
13	Interest (Calculated per month on unpaid tax)	
14	**Total Amount Remitted** (Add Lines 11, 12, and 13)	

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

AUTHORIZED SIGNATURE _____

TITLE _____

DATE _____

TAX PREPARER NAME (IF OTHER THAN TAXPAYER)	PREPARER PHONE	PREPARER FEIN/PTIN

Filing Instructions: Complete all applicable lines. If no tax is due, a zero return must still be filed. Retain a copy of this return for your records. Please remit payment to the local municipal tax office address indicated on your registration documentation.