LOCAL JURISDICTION SALES TAX RETURN

Taxation Division

TAXPAYER NAME

MAILING ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

ACCOUNT NUMBER

FEIN / SSN

FILING PERIOD

DUE DATE

JURISDICTION NAME / CODE	GROSS SALES	DEDUCTIONS / EXEMPTIONS	TAXABLE SALES	TAX RATE	TAX DUE
Totals					

1. TOTAL TAX DUE

2. PENALTY

3. INTEREST

4. TOTAL AMOUNT DUE

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

AUTHORIZED SIGNATURE

TITLE

DATE