STATE DEPARTMENT OF REVENUE

Monthly State Sales Tax Return

TAXPAYER NAME _____

SALES TAX ACCOUNT NUMBER _____

ADDRESS _____

FEDERAL EMPLOYER ID NUMBER (FEIN) _____

CITY, STATE, ZIP CODE _____

FILING PERIOD (MONTH/YEAR) _____

LINE	TAX COMPUTATION	AMOUNT
1	Gross Sales / Receipts	
2	Deductions / Exempt Sales (Total from authorized schedules)	
3	Taxable Sales (Line 1 minus Line 2)	
4	State Sales Tax Due (Multiply Line 3 by Sales Tax Rate)	
5	Excess Tax Collected	
6	Total Tax Due (Add Line 4 and Line 5)	
7	Penalty (For late filing, if applicable)	
8	Interest (For late payment, if applicable)	
9	Total Amount Due (Add Lines 6, 7, and 8)	

Under penalties of perjury, I declare that I have examined this return, including 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.

_____

TAXPAYER / AUTHORIZED SIGNATURE _____ **TITLE** _____ **DATE** _____

PREPARER SIGNATURE (IF OTHER THAN TAXPAYER) _____ **PREPARER PTIN** _____ **PHONE NUMBER** _____