

Instructions For Filing Tax Returns

- Column A: Enter breakdown of sales, rentals and withdrawals, according to the type of tax levied.
- Column B: Enter total deductions (those not subject to Tax).
- Column C: Enter amount remaining as measure of tax.
- Column D: Compute tax (Column C X Rate in Column D)
- Item 1: Total of Column E
- Item 2: Returns filed after the due date are subject to a "failure to timely file" penalty equal of the Greater of 10% of the tax required to be paid on the return or \$50.00, Tax payments received after the due date are subject to a "failure to timely pay" penalty equal to 10% of the delinquent tax if tax is not timely paid.
- Item 3: Interest is due at the rate of 1% per month delinquent.
- Item 4: Compute discount for prompt payment of tax (discount not allowed on consumers or sellers. Use tax, rental/lease or lodging tax). If allowed, discount may not exceed \$400.00.

STANDARD DEDUCTION SUMMARY TABLE

(SUMMARY BELOW MUST BE COMPLETED TO CORRESPOND WITH TOTAL DEDUCTIONS ON FRONT OF TAX REPORT)

TYPE OF TAX	WHOLESALE SALES	AUTO TRADE-INS	LABOR/NON-TAXABLE SERV	SALES DELIV OUTSIDE JURIS	SALES TO GOVT OR ITS AGENCIES	SALES OF GAS OR LUBE OILS	OTHER ALLOWABLE DEDUCTIONS	TOTAL DEDUCTIONS
TOTAL DEDUCTIONS								

INSTRUCTIONS & INFORMATION CONCERNING THE COMPLETION OF THIS REPORT

- To avoid the application of penalty and/or interest amounts, this report must be filed on or before the 20th of the month following the period for which the report is submitted. Cancellation postmark will determine timely filing.
- A remittance for the total amount due made payable to the tax jurisdiction must be submitted with this report.
- This report should be submitted on a monthly basis unless you have requested and been approved for a different filing frequency.
- Any credit for prior overpayment must be approved in advance by the taxing jurisdiction.
- No duplicate or replicated forms acceptable except with prior approval of the taxing jurisdiction.

Indicate Any Account Changes Below

Business Name: _____

Physical Address: _____ Phone: _____

Mailing Address: _____ FAX: _____

City _____ Contact Person: _____