

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.



# 2015 FR-800Q Sales and Use Tax Quarterly Return



File this return for each of the 4 quarters of 2015 (Oct 2014 - Sept 2015).

OFFICIAL USE ONLY  
Vendor ID#0002

Taxpayer Identification Number  Fill in:  if FEIN  if SSN

Business name  Account number

Mailing address line 1  Due date  Fill in:  if amended return  if final return (See instructions)

Mailing address line 2  City  State  Zip Code + 4

Tax period ending (MMYY)

Sales tax licensees must file a return even if no sales were made or no tax or fees are due.

Column A — Description	Column B — Taxable amount	Tax rate	Column C — Tax due — multiply column B by tax rate, enter here
1. Use Tax on Purchases Taxable at 5.75%	1B \$ <input type="text"/>	X .0575	1C \$ <input type="text"/>
2. Gross Sales	2B \$ <input type="text"/>		
3. Sales Taxable at 5.75%	3B \$ <input type="text"/>	X .0575	3C \$ <input type="text"/>
4. Sales and Purchases of Off-Premises Alcohol Taxable at 10%	4B \$ <input type="text"/>	X .10	4C \$ <input type="text"/>
5. Other Sales and Purchases Taxable at 10%	5B \$ <input type="text"/>	X .10	5C \$ <input type="text"/>
6. Sales for Parking Taxable at 18%	6B \$ <input type="text"/>	X .18	6C \$ <input type="text"/>
7. Reserved	7B \$ <input type="text"/>	X ____	7C \$ <input type="text"/>
8. Sales and Purchases Taxable at 14.5%	8B \$ <input type="text"/>	X .145	8C \$ <input type="text"/>
9. Reserved	9B \$ <input type="text"/>	X ____	9C \$ <input type="text"/>
		10. Enter 2% of 911 sales receipts less 3% discount	10C \$ <input type="text"/>
		11. Disposable Carryout Bag Fee (Net of discount)	11C \$ <input type="text"/>
		12. Reserved	12C \$ <input type="text"/>
		13. Penalty — 5% per month with a maximum of 25%	13C \$ <input type="text"/>
		14. Interest — 10% per year	14C \$ <input type="text"/>
		<b>15. Total Amount Due</b> (Add Lines 1C - 14C)	15C \$ <input type="text"/>

Will the funds for this payment come from an account outside the US? Yes  No  See Instructions.

Under penalties of law, I declare that this return is correct, to the best of my knowledge. Declaration of paid preparer is based on the information available to the preparer.

PLEASE SIGN HERE

Taxpayer's signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

PAID PREPARER ONLY

Preparer's signature (if other than taxpayer) \_\_\_\_\_ Date \_\_\_\_\_

Firm name and address \_\_\_\_\_

Telephone Number of Person to Contact

Preparer's Tax Identification Number (PTIN)

DCS005Q