

2010 FR-800Q Sales and Use Tax Quarterly Return



Taxpayer Identification Number
 Fill in: if FEIN if SSN

Tax Period Ending (MMYY)

Business name

Mailing address line 1

Mailing address line 2

City State Zip Code + 4

OFFICIAL USE ONLY

Due Date
 Fill in if Amended return
 Fill in if Final return (due to end of business operations)

Account Number

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 6%	1B \$ <input type="text"/>	X .06	1C \$ <input type="text"/>
2. Gross Sales	2B \$ <input type="text"/>		
3. Sales Taxable at 6%	3B \$ <input type="text"/>	X .06	3C \$ <input type="text"/>
4. Sales and Purchases Taxable at 9%	4B \$ <input type="text"/>	X .09	4C \$ <input type="text"/>
5. Sales and Purchases Taxable at 10%	5B \$ <input type="text"/>	X .10	5C \$ <input type="text"/>
6. Sales for Parking Taxable at 12%	6B \$ <input type="text"/>	X .12	6C \$ <input type="text"/>
7. Sales and Purchases of Other Tobacco Taxable at 12%	7B \$ <input type="text"/>	X .12	7C \$ <input type="text"/>
8. Sales and Purchases Taxable at 14.5%	8B \$ <input type="text"/>	X .145	8C \$ <input type="text"/>
		9. Total Sales and Use Tax Due (Add Lines 1C - 8C)	9C \$ <input type="text"/>
		10. Disposable Carryout Bag Fee (Net of discount)	10C \$ <input type="text"/>
		11. Total Tax and Fee (Add lines 9C and 10C)	11C \$ <input type="text"/>
		12. Penalty – 5% per month with a maximum of 25% See instructions	12C \$ <input type="text"/>
		13. Interest – 10% per year See instructions	13C \$ <input type="text"/>
		14. Total Amount Due (Add Lines 11C - 13C)	14C \$ <input type="text"/>

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 <input type="text"/> Title <input type="text"/> Date <input type="text"/>	Telephone Number of Person to Contact <input type="text"/>
	PAID PREPARER ONLY	Preparer's signature (if other than taxpayer) <input type="text"/> Date <input type="text"/> Firm name and address <input type="text"/>

Make check or money order payable to the DC Treasurer. Include your FEIN or SSN, "FR-800Q" and tax period on your payment.
Mail return and payment to: Office of Tax and Revenue, PO Box 96384, Washington DC 20090-6384.