

TAXPAYER'S NAME AND ADDRESS

PERIOD COVERED	ACCOUNT NUMBER
DATE DUE	

1. GROSS SALES AND SERVICE <small>TOTAL RECEIPTS FROM CITY ACTIVITY MUST BE REPORTED AND ACCOUNTED FOR IN EVERY RETURN INCL. ALL SALES, RENTALS AND LEASES AND ALL SERVICES BOTH TAXABLE AND NON-TAXABLE</small>	
2A. ADD: BAD DEBTS COLLECTED	
2B. ADD: TOTAL LINES 1 & 2A	
3. DEDUCTIONS	
A. NON-TAXABLE SERVICE SALES (INCLUDED IN ITEM 1 ABOVE)	
B. SALES TO OTHER LICENSED DEALERS FOR PURPOSES OF TAXABLE RESALE	
C. SALES SHIPPED OUT OF CITY AND/OR STATE (INCLUDED IN ITEM 1 ABOVE)	
D. BAD DEBTS CHARGED OFF (ON WHICH CITY SALES TAX HAS BEEN PAID)	
E. TRADE-INS FOR TAXABLE RESALE	
F. SALES OF GASOLINE AND CIGARETTES	
G. SALES TO GOVERNMENTAL, RELIGIOUS AND CHARITABLE ORGANIZATIONS	
H. RETURNED GOODS	
I. PRESCRIPTION DRUGS/PROSTHETIC DEVICES	
J. OTHER DEDUCTIONS (LIST)	
K.	
L.	
M.	
3. TOTAL DEDUCTIONS (TOTAL OF LINES 3A THRU 3M)	
1. TOTAL CITY NET TAXABLE SALES & SERVICE (LINE 2B MINUS TOTAL LINE 3)	

UNIFORM MUNICIPAL SALES/USE TAX RETURN
 Mail this form to the "Sales and Use Tax Division" of the appropriate municipality.
 THIS RETURN REPORTS TAX COLLECTED ON BEHALF OF

(PRINT NAME OF MUNICIPALITY)
COMPUTATION OF TAX

5. AMOUNT OF CITY SALES TAX • % OF LINE 4							
6. ADD: EXCESS TAX COLLECTED:							
7. ADJUSTED CITY TAX: (ADD LINES 5 & 6)							
6. DEDUCT SERVICE FEE. (IF PAID BY DUE DATE)*							
6. TOTAL SALES TAX (UNE 7 MINUS UNE 6)							
<small>(FROM SCHEDULE F B)</small> 10. CITY USE TAX - AMOUNT SUBJECT TO TAX $\times \frac{\%}{100} =$							
11. TOTAL TAX DUE: (ADD LINES 9 AND 10)							
12. (LATE FILING IF RETURN IS FILED AFTER DUE DATE THEN,) <table style="display: inline-table; border: none;"> <tr> <td style="padding: 2px;">ADD: PENALTY</td> <td style="padding: 2px;">**</td> <td style="padding: 2px;">ENTER TOTAL</td> </tr> <tr> <td style="padding: 2px;">INTEREST **</td> <td style="padding: 2px;">PER MONTH</td> <td style="padding: 2px;">↓</td> </tr> </table>	ADD: PENALTY	**	ENTER TOTAL	INTEREST **	PER MONTH	↓	
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12. TOTAL TAX PENALTY AND INTEREST DUE: (ADD UNES 11 AND 12) ↓							
14. ADJUSTMENT PRIOR PERIODS ATTACH COPY OF OVER OR UNDERPAYMENT NOTICE -	A - ADD:						
	B - DEDUCT: ↓						
15. TOTAL DUE AND PAYABLE (MAKE CHECK OR MONEY ORDER PAYABLE TO APPROPRIATE MUNICIPALITY)							

SCHEDULE A:

CHECK HERE FOR **BUSINESS CLOSURE** **COMPLETE THE INFORMATION BELOW IF ANY OF THE ABOVE APPLY**

CHECK HERE IF CHANGE OF ADDRESS

CHECK HERE IF CHANGE OF OWNERSHIP **ALWAYS SIGN THIS FORM**

* See attached Department of Revenue Form DRP 1602 for Municipal address, applicable tax rates and service fees.
 ** Contact Municipality if applicable.

<p style="text-align: center;">SCHEDULE - B - MUNICIPAL USE TAX</p> <p>The Municipal Code imposes a tax upon the privilege of using, storing, distributing or otherwise consuming in the Municipality tangible property or taxable services purchased, rented or leased.</p>	<p style="text-align: center;">SCHEDULE - C - CONSOLIDATED ACCOUNTS REPORT</p> <p>This schedule is required in all cases in which the taxpayer makes a consolidated return which includes sales made at more than one location. It must be completely filled out and convey all information required in accordance with the column headings. If additional space is needed attached schedule in same format.</p>																																																																																												
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<p>NEW BUSINESS DATE</p> <p>MO. DAY YR.</p>	<p>DISCONTINUED DATE</p> <p>MO. DAY YR.</p>	<p>SHOW BELOW CHANGE OF OWNERSHIP AND/OR ADDRESS, ETC.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>1. If ownership has changed, give date of change and new owner's name</p> <p>2. If business has been permanently discontinued, give date discontinued</p> <p>3. If business location has changed, give new address</p> <p>4. Records are kept at what address? _____</p> <p>5. If business is temporarily closed, give dates to be closed</p> <p>6. If business is seasonal, give month of operation</p> <p>7. If the return includes sales for more than one location, refer to and complete schedule "C"</p>		<p>I hereby certify under penalty of perjury, that the statements made herein are to the best of my knowledge, true and correct.</p> <p>BY _____</p> <p>COMPANY _____</p> <p>PHONE _____</p> <p>TITLE _____</p> <p>DATE _____</p> <p><input type="checkbox"/> • UBINQO ADDRESS <input type="checkbox"/> MAILING ADDRESS</p>