Government of the District of Columbia

2009 FR-800Q SUB Sales and Use Tax Quarterly Return

0 9 8 0 0 0 4 1 0 0 0 1

OFFICIAL USE ONLY

Taxpayer Identification Number: 123456789

Mark if: X FEIN
Mark if: X SSN

Period Ending (MMDDYYYY): MMDDYYYY

Business Name: ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHIJK

Due Date: MMDDYY

Mark if: X Amended return
Mark if: X Certified QHTC
Mark if: X Final return due to end of business operations

Mailing Address Line #1: 12345ABCDEFGHIJKLABCDEFGHIJKLA

Mailing Address Line #2: 12345ABCDEFGHIJKLABCDEFGHIJKLA

Account Number: 123123123123

NAICS Code: 123456

City: ABCDEFGHIJKLABCDEFGH

State: AB

Zipcode + 4: 123456789

File a return even if no sales were made or no sales or use tax is due

COLUMN A - DESCRIPTION		COLUMN B - TAXABLE AMOUNT	TAX RATE		COLUMN C - TAX DUE - Multiply col B by tax rate, enter here.
1. USE Taxable at 5.75%	1B	$123456789.99	X .0575	1C	$123456789.99
2. USE Taxable at 9%	2B	$123456789.99	X .09	2C	$123456789.99
3. USE Taxable at 10%	3B	$123456789.99	X .10	3C	$123456789.99
4. USE - other tobacco Taxable at 12%	4B	$123456789.99	X .12	4C	$123456789.99
5. QHTC exempt purchases excluded from Line 1B	5B	$123456789.99			
6. TOTAL USE TAX (Add Lines 1C, 2C, 3C and 4C)				**6C**	$123456789.99
7. SALES Taxable at 5.75%	7B	$123456789.99	X .0575	7C	$123456789.99
8. SALES Taxable at 9%	8B	$123456789.99	X .09	8C	$123456789.99
9. SALES Taxable at 10%	9B	$123456789.99	X .10	9C	$123456789.99
10a SALES - parking Taxable at 12%	10aB	$123456789.99	X .12	10aC	$123456789.99
10b SALES - other tobacco Taxable at 12%	10bB	$123456789.99	X .12	10bC	$123456789.99
11. SALES Taxable at 14.5%	11B	$123456789.99	X .145	11C	$123456789.99
12. TOTAL TAXABLE SALES (Add Lines 7B - 11B)	12B	$123456789.99	**12. TOTAL SALES TAX** (Add Lines 7C - 11C)	**12C**	$123456789.99
13. Total exempt sales (Include Line 14B)	13B	$123456789.99			
14. QHTC exempt sales	14B	$123456789.99			
15. Total sales (Add Lines 12B and 13B)	15B	$123456789.99	**16. TAX AMOUNT DUE** (Add Lines 6C and 12C)	**16C**	$123456789.99

PLEASE SIGN HERE

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.

Taxpayer's Signature _____ Title _____ Date: MMDDYYYY

Telephone Number of Person to Contact: 1234567890

PAID PREPARER ONLY

Preparer's Signature (If other than taxpayer) _____ Date: MMDDYYYY

Paid Preparer's FEIN, SSN or PTIN: 123456789

Firm Name _____

Firm Address _____

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: DC Office of Tax and Revenue, PO Box 96384 , Washington, DC 20090-6384

REV 02/09