

2014 FR-800V Street Vendors and Mobile Food Services Minimum Sales Tax Quarterly Return



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

File this return for each of the 4 quarters of 2014 (Oct 2013 - Sept 2014).

Taxpayer Identification Number Fill in if FEIN Account Number
 Fill in if SSN

Business name Due date
 Mailing address line 1 Tax period ending (MMYY) Fill in if amended return
 Fill in if final return (See instructions)

Mailing address line 2 City State Zip Code + 4

OFFICIAL USE ONLY
 Vendor ID#0002

Sales tax licensees must file one return per license.

Column A — Description	Column B — Taxable amount	Tax rate	Column C — Tax due – multiply column B by tax rate, enter here
1. Sales Taxable at 5.75%	1B \$ <input type="text"/>	X .0575	1C \$ <input type="text"/>
2. Sales Taxable at 10%	2B \$ <input type="text"/>	X .10	2C \$ <input type="text"/>
3. Reserved	3B \$ <input type="text"/>	X .__	3C \$ <input type="text"/>
4. Sales Tax Collected Add Lines 1C, 2C and 3C Enter total on Line 4C			4C \$ <input type="text"/>
5. Sales Tax Due Enter the greater of Line 4C or \$375 on Line 5C			5C \$ <input type="text"/>
		6. Enter 2% of 911 sales receipts less 3% discount	6C \$ <input type="text"/>
		7. Disposable Carryout Bag Fee (Net of discount)	7C \$ <input type="text"/>
		8. Reserved	8C \$ <input type="text"/>
		9. Penalty – 5% per month with a maximum of 25%	9C \$ <input type="text"/>
		10. Interest – 10% per year	10C \$ <input type="text"/>
		11. Total Amount Due (Add Lines 5C - 10C)	11C \$ <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 _____

Telephone Number of Person to Contact

PAID PREPARER ONLY

Preparer's signature (if other than taxpayer) _____ Date _____
Firm name and address _____

Paid Preparer's PTIN

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