

**SALES TAX RETURN**

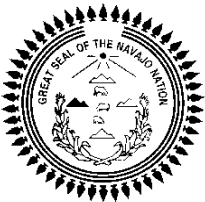
TIN / SSN : \_\_\_\_\_

**Continuation Sheet**

**Reporting Period :** \_\_\_\_\_

(Due 45 days after end of Quarter)

AMENDED RETURN



Taxpayer Name				Mailing Address		
Line	Business Description	Bus. Class	Chpt. Code	Column 1 Gross Receipts	Column 2 Tax Rate	Column 3 = Tax Amount
1					4%	
2					4%	
3					4%	
4					4%	
5					4%	
6					4%	
7					4%	
8					4%	
9					4%	
10					4%	
11					4%	
12					4%	
13					4%	
14					4%	
15					4%	
16					4%	
17					4%	
18					4%	
19					4%	
20					4%	
21					4%	
22					4%	
23					4%	
24					4%	
<b>TOTALS: (Transfer to Form 600 Line 10)</b>						