

# 2011 FR-800Q Sales and Use Tax Quarterly Return



Taxpayer Identification Number 
 Fill in:  if FEIN  if SSN

Tax period ending (MMYY)

OFFICIAL USE ONLY  
 Vendor ID#0002

Business name   
 Mailing address line 1   
 Mailing address line 2   
 City  State  Zip Code + 4

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"/>
		<b>9. Total Sales and Use Tax Due</b> (Add Lines 1C - 8C)	9C \$ <input type="text"/>
		<b>10. Enter 2% of 911 sales receipts less 3% discount</b>	10C \$ <input type="text"/>
		<b>11. Disposable Carryout Bag Fee</b> (Net of discount)	11C \$ <input type="text"/>
		<b>12. Total Tax and Fee</b> (Add Lines 9C - 11C)	12C \$ <input type="text"/>
		13. Penalty – 5% per month with a maximum of 25%	13C \$ <input type="text"/>
		14. Interest – 10% per year	14C \$ <input type="text"/>
		<b>15. Total Amount Due</b> (Add Lines 12C - 14C)	15C \$ <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 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 FEIN, SSN or PTIN

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