

2015 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 2015 (Oct 2014 - Sept 2015).

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)

Mailing address line 2 City State Zip Code + 4

OFFICIAL USE ONLY Vendor ID#0002
 Fill in one of the following:
 if food truck
 if sidewalk vendor
 if ice cream truck
 if other vendor

Fill in if amended return
 Fill in if final return (See instructions)

You must file a return to pay the minimum \$375 even if no sales were made. 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 _____

Preparer's Tax Identification Number (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.