



# ST-2-DP-X

Attach to Form ST-1-X.

## Amended Direct Pay Multiple Site Form

Do not write above this line.

Account ID \_\_\_\_\_ - \_\_\_\_\_

Business name \_\_\_\_\_ This form is for \_\_\_\_\_  
(Reporting period)

**Write the figures that should have been filed. You must round your figures to whole dollars. Base (a) X rate = tax (b)**

Site where taxable purchases were made

Location code \_\_\_\_\_  
Site name \_\_\_\_\_  
Site address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

General merchandise  
**4a** \_\_\_\_\_ X  $\frac{\text{_____}}{\text{(rate)}}$  = **4b** \_\_\_\_\_  
Food, drugs, and medical appliances  
**5a** \_\_\_\_\_ X  $\frac{\text{_____}}{\text{(rate)}}$  = **5b** \_\_\_\_\_

Location code \_\_\_\_\_  
Site name \_\_\_\_\_  
Site address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

General merchandise  
**4a** \_\_\_\_\_ X  $\frac{\text{_____}}{\text{(rate)}}$  = **4b** \_\_\_\_\_  
Food, drugs, and medical appliances  
**5a** \_\_\_\_\_ X  $\frac{\text{_____}}{\text{(rate)}}$  = **5b** \_\_\_\_\_

Location code \_\_\_\_\_  
Site name \_\_\_\_\_  
Site address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

General merchandise  
**4a** \_\_\_\_\_ X  $\frac{\text{_____}}{\text{(rate)}}$  = **4b** \_\_\_\_\_  
Food, drugs, and medical appliances  
**5a** \_\_\_\_\_ X  $\frac{\text{_____}}{\text{(rate)}}$  = **5b** \_\_\_\_\_

Location code \_\_\_\_\_  
Site name \_\_\_\_\_  
Site address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

General merchandise  
**4a** \_\_\_\_\_ X  $\frac{\text{_____}}{\text{(rate)}}$  = **4b** \_\_\_\_\_  
Food, drugs, and medical appliances  
**5a** \_\_\_\_\_ X  $\frac{\text{_____}}{\text{(rate)}}$  = **5b** \_\_\_\_\_

Location code \_\_\_\_\_  
Site name \_\_\_\_\_  
Site address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

General merchandise  
**4a** \_\_\_\_\_ X  $\frac{\text{_____}}{\text{(rate)}}$  = **4b** \_\_\_\_\_  
Food, drugs, and medical appliances  
**5a** \_\_\_\_\_ X  $\frac{\text{_____}}{\text{(rate)}}$  = **5b** \_\_\_\_\_

Location code \_\_\_\_\_  
Site name \_\_\_\_\_  
Site address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

General merchandise  
**4a** \_\_\_\_\_ X  $\frac{\text{_____}}{\text{(rate)}}$  = **4b** \_\_\_\_\_  
Food, drugs, and medical appliances  
**5a** \_\_\_\_\_ X  $\frac{\text{_____}}{\text{(rate)}}$  = **5b** \_\_\_\_\_

Page totals  
**4a** \_\_\_\_\_ **4b** \_\_\_\_\_  
**5a** \_\_\_\_\_ **5b** \_\_\_\_\_

