



Do not write above this line.

Account ID: \_\_\_\_\_ This form is for \_\_\_\_\_  
(Reporting period)

**Part 1 — County locations and municipal locations (no business district tax)**

You must round your figures to whole dollars. See instructions.

Location code	_____	General merchandise	4a _____ X _____ = 4b _____
Site name	_____	Food, drugs, and medical appliances	(rate)
Site address	_____	5a _____ X _____ = 5b _____	(rate)
City, state, ZIP	_____	Purchases at other rates	8a _____ 8b _____

Location code	_____	General merchandise	4a _____ X _____ = 4b _____
Site name	_____	Food, drugs, and medical appliances	(rate)
Site address	_____	5a _____ X _____ = 5b _____	(rate)
City, state, ZIP	_____	Purchases at other rates	8a _____ 8b _____

Location code	_____	General merchandise	4a _____ X _____ = 4b _____
Site name	_____	Food, drugs, and medical appliances	(rate)
Site address	_____	5a _____ X _____ = 5b _____	(rate)
City, state, ZIP	_____	Purchases at other rates	8a _____ 8b _____

Location code	_____	General merchandise	4a _____ X _____ = 4b _____
Site name	_____	Food, drugs, and medical appliances	(rate)
Site address	_____	5a _____ X _____ = 5b _____	(rate)
City, state, ZIP	_____	Purchases at other rates	8a _____ 8b _____

Location code	_____	General merchandise	4a _____ X _____ = 4b _____
Site name	_____	Food, drugs, and medical appliances	(rate)
Site address	_____	5a _____ X _____ = 5b _____	(rate)
City, state, ZIP	_____	Purchases at other rates	8a _____ 8b _____

Page totals			
4a	_____		4b _____
5a	_____		5b _____
8a	_____		8b _____



Do not write above this line.

Account ID: \_\_\_\_\_ This form is for \_\_\_\_\_  
(Reporting period)

**Part 2 — Municipalities with business district tax locations**

You must round your figures to whole dollars. See instructions.

Location code	_____	General merchandise	4a _____ X _____ = 4b _____
Site name	_____	Food, drugs, and medical appliances <sup>(rate)</sup>	5a _____ X _____ = 5b _____
Site address	_____	Purchases at other rates	8a _____ 8b _____
City, state, ZIP	_____		

Location code	_____	General merchandise	4a _____ X _____ = 4b _____
Site name	_____	Food, drugs, and medical appliances <sup>(rate)</sup>	5a _____ X _____ = 5b _____
Site address	_____	Purchases at other rates	8a _____ 8b _____
City, state, ZIP	_____		

Location code	_____	General merchandise	4a _____ X _____ = 4b _____
Site name	_____	Food, drugs, and medical appliances <sup>(rate)</sup>	5a _____ X _____ = 5b _____
Site address	_____	Purchases at other rates	8a _____ 8b _____
City, state, ZIP	_____		

Location code	_____	General merchandise	4a _____ X _____ = 4b _____
Site name	_____	Food, drugs, and medical appliances <sup>(rate)</sup>	5a _____ X _____ = 5b _____
Site address	_____	Purchases at other rates	8a _____ 8b _____
City, state, ZIP	_____		

Location code	_____	General merchandise	4a _____ X _____ = 4b _____
Site name	_____	Food, drugs, and medical appliances <sup>(rate)</sup>	5a _____ X _____ = 5b _____
Site address	_____	Purchases at other rates	8a _____ 8b _____
City, state, ZIP	_____		

Page totals			
4a	_____	4b	_____
5a	_____	5b	_____
8a	_____	8b	_____