STATE, LOCAL, AND DISTRICT SALES AND USE TAX RETURN

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION PO BOY 94279-8062 Please check this box if this filing represents an AMENDED RETURN INCERTING A Test Company 100 Main ASCRAMENTO CA 94279-8062 Please check this box if this filing represents an AMENDED RETURN ILLECTRONIC FILING INFORMATION AND RETURN INSTRUCTIONS (CDTFA-401-INST) RE AVAILABLE AT WWW.CDTFA.CA.GOV OR BY CALLING 1-800-400-7115 (CRS:711). 1 Total sales 1 \$ \$586.900 2 Purchasses subject to use tax 2 \$.000 3 Total (add line 1 and 2) IF YOU HAVE DEDUCTIONS, FILL OUT SECTIONS A AND B ON PAGE 2 OF THIS RETURN. IF YOU HAVE NO DEDUCTIONS, ENTER "O" ON LINE 11 AND PROCEED TO LINE 12. Transactions subject to tax (subtract line 11 from line 3) 12 Transactions subject to tax (subtract line 11 from line 3) 13 State tax 6.00 percent (multiply line 12 by .0600) 13 State tax 6.00 percent (multiply line 12 by .0600) 14 County tax 1/4 percent (multiply line 12 by .0600) 15 State tax (you must complete CDTFA-531-A2, Schedule A2, if you are engaged in business in a transaction and use tax district) 16 Excess tax collected (enter excess tax collected, if any) 17 Total state, county, local, and district tax (add lines 13, 14, 15, and 16) 17 Total stax amount (add line 17 and 18) 18 Excess tax collected (enter excess tax collected, if any) 19 Total tax amount (add line 17 and 18) 10 Credit for current period partial tax exemptions (enter the total from Section D, line 6) 20 Credit for current period partial tax exemptions (enter the total from Section D, line 6) 20 Credit for current period partial tax exemptions (enter the total from Section D, line 6) 21 Total stax amount (add line 17 and 18) 22 Less tax prepayments 3 For prepayments 4 For prepayments 5 For prepayment 1 is reprepayment 1 is	***** TAXPA				***	CDTFA USE ONLY
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SIGNATURE PRINT NAME AND TITLE TELEPHONE DATE D	I hereby certify that this return, including an	accompanying schedules and statements	nas been	MAIL ADDRESS		
PAID DREPARED'S TELEPHONE NI IMBER	examined by me and to the best of my knowl SIGNATURE		olete return.	ELEPHONE		DATE
	LOAD DOCTO ADEDIO N	ME	P	AID PREPARER'S TELEPHO	NE NUM	MBER

Make check or money order payable to California Department of Tax and Fee Administration.

Write your account number on your check or money order. Make a copy of this document for your records.

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