

Department of Revenue Services
PO Box 5030
Hartford CT 06102-5030
(Rev. 02/16)
OS114 00 16W 01 9999



Form OS-114 (SUT)

Connecticut Sales and Use Tax Return

See **Form O-88, Instructions for Form OS-114 Sales and Use Tax Return.** Type or print. Complete the return in blue or black ink only. **Do not** use grayed-out fields.

For period ending (MMDDYYYY)	Due date (MMDDYYYY)	Connecticut Tax Registration Number
Taxpayer name A Test Company		Federal Employer Identification Number
Address (number and street), apartment number, PO Box 100 Main		Check here if this is an amended return.
City, town, or post office Anywhere, WA 98070	State	ZIP code
		DRS use only (MMDDYYYY)

Rounding: You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, DRS will disregard the cents.

	Column 1 6.35% Tax Rate	Column 2 7.75% Tax Rate	Column 3 9.35% Tax Rate
1. Gross receipts from sales of goods..... 1.	\$315.00		
2. Gross receipts from leases and rentals..... 2.			
3. Gross receipts from labor and services..... 3.			
4. Goods purchased by your business subject to use tax..... 4.			
5. Leases and rentals by your business subject to use tax..... 5.			
6. Services purchased by your business subject to use tax..... 6.			
7. Total: Add Lines 1 through 6..... 7.	\$315.00		
8. Deductions. See instructions..... 8.			
9. Subtract Line 8 from Line 7. If zero or less, enter "0"..... 9.	\$315.00		
10a. Amount of tax due: Multiply Line 9 by Tax Rate..... 10a.	\$20.00		
10. Total tax due: Add Line 10a, Columns 1, 2, and 3..... 10.			\$20.00
11. For amended return only, enter tax paid on prior return..... 11.			
12. Net amount of tax due: Subtract Line 11 from Line 10..... 12.			\$20.00
13. Interest + Penalty = 13.			
14. Total amount due: Add Line 12 and Line 13..... 14.			\$20.00

If applicable, provide the following information: Final return Enter last business date: (MMDDYYYY)

Enter new mailing address: *

Enter new physical location (PO Box is not acceptable.): *

Enter new trade name: * First return - Enter business start date: *

New owners must obtain a new Connecticut Tax Registration Number.

Enter new owner name: * Date sold: * (MMDDYYYY)

Address: *

Declaration: I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here

Taxpayer's signature Title Date (MMDDYYYY) Telephone number

Keep a copy of this return for your records.

Taxpayer's email

DRS use only

Paid preparer's signature Paid preparer's address Date (MMDDYYYY)

All quarterly and monthly filers must file Form OS-114 and pay its associated taxes electronically. Visit www.ct.gov/TSC to file your return electronically using the TSC or call 860-449-1011 to file your return using Telefile. To request a one-year waiver from this electronic filing requirement visit www.ct.gov/drs/TSCfiling to complete Form DRS-EWVR, *Electronic Filing and Payment Waiver Request*. Form OS-114 must be filed and paid on or before the last day of the month following the end of the period.