



*****TAXPAYER WORKING COPY/DO NOT FILE*****

Check/Money Order
 No Sales/Use Activity
 No Tax Due

Sales & Use # _____ Period Ending: ____/____/____ Amended Return

Name: A Test Company
 Address: 100 Main
 Address: _____
 City: Anywhere, WA 98070 State: _____ Zip: _____
 County of Business: _____

DEPARTMENT USE ONLY

Part A Tax Summary

1. Total State Sales	▶	\$300.00
2. Total Exempt State Sales	▶ -	
3. Taxable State Sales	▶	\$300.00
4. Total Sales Tax (from Part B, Line 21).....	▶ +	\$25.80
5. Total Use Tax (from Part B, Line 26).....	▶ +	\$0.00
6. Pre-Paid Local Sales/Use Tax (from Part C, Line 3).....	▶ +	
7. Total Tax Collected (from accounting records)....	▶	
8. Total Sales/Use Tax (Ln 4 + Ln 5 + Ln 6).....	▶	\$25.80
9. Excess Tax (Subtract Line 8 from Line 7)	▶ +	
10. Total Vendor's Compensation (from Part C, Line 5).....	▶ -	
11. Previous Prepaid Estimated Tax.....	▶ -	
12. Current Prepaid Estimated Tax.....	▶ +	
13. Total Amount Due.....	▶	\$25.80

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