Business	* * * * * * Name	TAXPAYER	WORKING	COPY/DO 1	OT FILI	E ***	* * *	
Tax Acco	Tax Account Number Ompany			EIN				
Taxing Jurisdiction Name of City/County	(Column 1) Code	(Column 2) Gross Sales	(Column 3) Merchandise Consumed By You	(Column 4) Part II (Non-Utility) Deductions	(Column 5) Net Sales	(Column 6 Combined Tax Rate 9	1	Column 7) Net Tax
-COFFEY/LE ROY LE	RCF	\$200.00	•		\$200.	0 7.	50%	\$1.5.
0	0	\$0.00 •	•	-	\$.0.	0 0.	00%	\$0.
0	0	\$0.00	•		\$0.	0 0.	00%	\$0.
0	0	\$0.00 -		-	\$0.	0 0.	00%	<b>§</b> 0.
0	0	\$0.00 -			\$0.	0 0.	00%	\$0.
00	0	\$0.00			\$0.	0 0.	00%	\$0.
0	0	\$0.00			\$0.	0 0.	00%	\$0.
0	0	\$0.00 •	•		\$0.	0 0.	00%	\$0.
0	0	\$0.00 -	•		\$-0.	00 0.	00%	<b>\$0.</b>
0	0	\$0.00 •	•		\$0.	00 0.	00%	<b>\$0.</b>
.0	0	\$0.00 -	•		\$0.	00 0.	00%	\$0.
0	0	\$0.00 -	•		\$0.	0 0.	00%	\$0.
.0	0	\$0.00 •	•		\$0.	0 0.	00%	\$0.
0	0	\$0.00 -	•		\$0.	0 0.	00%	\$0.
	Total N	umber of ourseless enterly			8. Total Net	Tax (Part III)		\$15.
		umber of supplemental included with this return	1 1	9. Sum of additio	nal Part III supplem	nental pages		\$0.
			10. Total Tax (A	dd lines 8 and 9. Enter re	sult here and on li	ne 1. Part I)		\$15.

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