



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



08030100

UST 1 Long

Universal Ohio State, County and Transit Sales Tax Return

Rev. 10/07

Please do not use staples.

Vendor's license number	Reporting period	Month: August Year: 2016		For State Use Only
FEIN or Social Security number	Must be received by	<input type="checkbox"/> Please mark here if paid through EFT.	<input type="checkbox"/> Please mark here if amended return.	

Name	A Test Company	Address	100 Main	City	State	ZIP
					Anywhere,	WA 98070

1. Gross sales	1.	\$300.00
2. Exempt sales (including exempt motor vehicle sales)	2.	
3. Net taxable sales (subtract line 2 from line 1)	3.	
4. Sales upon which tax was paid to clerks of courts (motor vehicles, trailers, etc.)	4.	\$300.00
5. Reportable taxable sales (subtract line 4 from line 3)	5.	\$300.00
6. Tax liability on sales reported on line 5	6.	\$21.35
7. Minus discount (see instructions)	7.	
8. Plus additional charge (see instructions)	8.	
9. Net amount due	9.	\$21.35

STOP Use the following lines *only* if you make accelerated sales tax payments!

10. Less accelerated payment made for this reporting period	10.	
11. Plus accelerated payment for next reporting period (see instructions)	11.	
12. Balance due	12.	

To Cancel Vendor's License
Enter Last Day of Business

Do not staple check to form or attach check stub.
Do not send cash. Make remittance payable to the
Ohio Treasurer of State and mail all four pages of this form to:
Ohio Department of Taxation
P.O. Box 16560
Columbus, OH 43216-6560

Go paperless!
File your return through
Ohio Business Gateway.
www.obg.ohio.gov

I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete return and report.

Signature _____ Title _____ Date _____

For State Use Only