



SALES TAX RETURN

FORM 601

TIN / SSN : _____

Continuation Sheet

Reporting Period : _____

(Due 45 days after end of Quarter)

AMENDED RETURN

Taxpayer Name				Mailing Address		
Line	Business Description	Bus. Class	Chpt. Code	Column 1	Column 2	Column 3
				Gross Receipts	Tax Rate	= Tax Amount
1					4%	
2					4%	
3					4%	
4					4%	
5					4%	
6					4%	
7					4%	
8					4%	
9					4%	
10					4%	
11					4%	
12					4%	
13					4%	
14					4%	
15					4%	
16					4%	
17					4%	
18					4%	
19					4%	
20					4%	
21					4%	
22					4%	
23					4%	
24					4%	
TOTALS: (Transfer to Form 600 Line 10)						