



SALES TAX - Construction Activity (6%) EIN/SSN : _____

Check box if **AMENDED**

REPORTING PERIOD : _____

Check box if **FINAL RETURN**

| | |
|-----------------------|-------------------------|
| BUSINESS NAME: | MAILING ADDRESS: |
|-----------------------|-------------------------|

| Line | Contracting Entity (Owner) | Contract No. | Type of Work/Location | Gross Receipts (Enter whole dollars) |
|---|----------------------------|--------------|-----------------------|---|
| 1. | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 2. | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 3. | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 4. | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 5. | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 6. | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 7. | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 8. | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 9. | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 10. Subtotal (Add Lines 1 thru 9) | | | | \$ |
| 11. Total from any additional Forms 607 | | | | \$ |
| 12. Total Gross Receipts (Add Lines 10,11; transfer amount to Form 600-Line 9, Column 1) | | | | \$ |