



SALES TAX

Public Water / Wastewater Construction (6%)

FORM 607-PW/W

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. Total Gross Receipts (Add Lines 1 thru 9) | \$ |
| [Enter on line 10, column 1 on Form 600] | |
| 11. Total Tax Due (Line 10 x 6%) | \$ |
| [Enter on line 10, column 2 on Form 600] | |