

Form Streamlined

Streamlined Sales Tax Return

Name			Streamlined permit number	
Address			For the period of:	
Address 2			to	
City, town or post office	State	ZIP code	E-mail address	

SCHEDULE A

1 Gross sales.....	1			
2 Cost of Personal Property purchased on resale certificate but used by you	2			
3 USE TAX: Cost of personal property.....	3			
4 Other additions (explain).....	4			
5 TOTAL SALES. Add lines 1 through 4.....			5	

SCHEDULE B

6 Food and food ingredients.....	6			
7 For resale.....	7			
8 Interstate.....	8			
9 Exempt newspapers.....	9			
10 Prescription drugs/prescription medicines.....	10			
11 Clothing and footwear.....	11			
12 Sales of motor vehicles.....	12			
13 Other deductions (explain).....	13			
14 Total Deductions. Add lines 6 through 13.....			14	
15 Net taxable sales. Subtract line 14 from line 5.....			15	
16 AMOUNT OF TAX. Multiply line 15 by 7% (0.07).....			16	

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP Code PTIN

May the Division of Taxation contact your preparer? YES