

NAME
ADDRESS
CITY, STATE & ZIP CODE

STQ



16124899990101

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

FORM STQ REV D 04/2021	TITLE	DATE
	FEDERAL IDENTIFICATION NUMBER	RETURN FOR QUARTER ENDING

NET SALES AND USE
TAX DUE AND PAID

\$ _____.