

DDDD

b. ■



Texas Sales and Use Tax Return

a. ■ 26100

c. Taxpayer number

• Do not staple or paper clip.

See instructions, Form 01-922.

• Do not write in shaded areas.

Page 1 of

d. Filing period

e. ■

f. Due date

Taxpayer name and mailing address

g.

- Blacken this box if your mailing address has changed. Show changes by the preprinted information. ----- 1. ■
- Blacken this box if you are no longer in business. Write in the date you went out of business. ----- 2. ■
- Blacken this box if one of your locations is out of business or has changed its address. ----- 3. ■

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone numbers indicated in the instructions.

h. ■

i. ■

- j. Are you taking credit to reduce taxes due on this return? If you are claiming bad debt credit to reduce your tax due, you must file **electronically**. ----- 1 ■ YES 2 ■ NO
- k. Did you refund sales tax for items exported outside the U.S. based on a Texas Licensed Customs Broker Export Certificate? ----- 1 ■ YES 2 ■ NO
- l. Are you taking credit to reduce taxable sales on this return for the purchase of Texas farm-raised oysters? ----- 1 ■ YES 2 ■ NO
- m. Are you taking credit to reduce taxable sales on this return for participation in a qualified oyster shell recycling program? ----- 1 ■ YES 2 ■ NO

If you answered yes to either question j- m, you must complete Form 01-148 and submit it with your return.

1. TOTAL TEXAS SALES (Whole dollars only) ----- ■
2. TAXABLE SALES (Whole dollars only) ----- ■
3. TAXABLE PURCHASES (Whole dollars only) ----- ■
4. Amount subject to state tax (Item 2 plus Item 3) ----- ■
5. Amount subject to local tax (Amount for city, transit, county and SPD must be equal.) ----- ■

Return MUST be filed even if no tax is due.

n. NO SALES - If you had zero to report in Items 1, 2 and 3 for ALL locations for this filing period, blacken this box, sign and date this return and mail it to the Comptroller's office. 1 ■

PLEASE PRINT YOUR NUMERALS LIKE THIS

0 1 2 3 4 5 6 7 8 9

6. Physical location (outlet) name and address (Do not use a P.O. box address.)

Outlet no. ■

7. AMOUNT OF TAX DUE FOR THIS OUTLET (Dollars and cents) (Multiply "Amount subject to tax" by "TAX RATE" for state and local tax due)

TAX RATES

X ■

X ■

7a.State tax (include in Item 8a)

7b.Local tax (include in Item 8b)

■ 26180

■ STATE TAX - Column a

■ LOCAL TAX - Column b

8. Total tax due (from all outlets or list supplements) -----

01-114 (Rev.8-25/41)

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9. Prepayment credit -----

10. Adjusted tax due (Item 8 minus Item 9) -----

11. Timely filing discount (0.005) -----

12. Prior payments -----

13. Net tax due (Item 10 minus Items 11 and 12) ---

14. Penalty and interest (See instructions) -----

15. TOTAL STATE AND LOCAL AMOUNT DUE (Item 13 plus Item 14) ----- =

15a. Total state amount due

15b. Total local amount due

Mail to: Comptroller of Public Accounts
P.O. Box 149354
Austin, TX 78714-9354

■ T Code

■ Taxpayer number

■ Period

26020

16. TOTAL AMOUNT PAID (Total of Items 15a and 15b)

Taxpayer name

o. ■

I declare that the information in this document and any attachments is true and correct to the best of my knowledge.

sign here

Taxpayer or duly authorized agent

Date

Daytime phone (Area code & number)

Make check payable to: STATE COMPTROLLER.