

# Sample Only

- PLEASE RETAIN FOR YOUR RECORDS -

## TRANSACTION PRIVILEGE (SALES) AND USE TAX RETURN



City of Chandler  
Mail Stop 701  
PO Box 15001  
Chandler, AZ 85244-5001

Taxpayer Business Name  
Taxpayer Attention Line  
Taxpayer Address  
Taxpayer City, State, Zip Code

License Number
2000
Period Covered
Jan. 2005
Delinquent If Not Received By
Feb. 28, 2005

Check here if mailing address has changed.   
Please make corrections to the preprinted address.

**Location Address:**  
1234 N. Street Dr.  
Chandler, AZ 85225



Place a check here and sign at the bottom if you have no activity to report.

THIS RETURN IS DUE ON THE 20TH OF THE MONTH

Complete Both Sides of Form			Column 1	Column 2	Column 3	Col. 4	Column 5			
Line	Business Activity	Business Class Code	Gross Receipts / Use Taxable Purchases			From Sch. A, on back - Deductions	= Net Taxable	x Tax Rate	= Tax Amount	
1	USE TAX	99		10	000	00		10,000.00	1.5%	150.00
2	Retail Sales	17		25	000	00	15,767.00	9,233.00	1.5%	138.50
3	Construction Contracting	15		15	000	00	8,813.65	6,186.35	1.5%	92.80
4	Real Prop. Rental	13		5	500	00	107.84	5,392.16	1.5%	80.88
5	TOTAL FROM ADD'L PAGES									
6	SUBTOTALS			55	500	00	24,688.49	30,811.51		462.18
7	ENTER EXCESS CITY TAX COLLECTED (From SCHEDULE C on the back)						Plus (+)			.92
8	TOTAL TAX DUE (Add lines 6 plus 7)						Equals (=)			463.10
9	PENALTY & INTEREST (See instructions on back)						Plus (+)			69.47
10	ENTER TOTAL LIABILITY (Add lines 8 plus 9)						Equals (=)			532.57
11	ENTER CREDIT BALANCE TO BE APPLIED (From Schedule B, on back)						Minus (-)			10.08
12	ENTER NET AMOUNT DUE (Subtract line 11 from line 10)						Equals (=)			522.49
13	ENTER TOTAL AMOUNT PAID									522.49

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. The declaration of the paid preparer is based upon all information of which the preparer has any knowledge.

_____ Taxpayer's Signature	_____ Date	_____ Paid Preparer's Signature
_____ Printed Name	_____ Phone Number	_____ Printed Paid Preparer's Name

**A SIGNATURE IS REQUIRED TO MAKE THIS RETURN VALID**

Return original with remittance in envelope provided.  
Please make check payable to: CITY OF CHANDLER and list your license number on your check.

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