

# GROSS RECEIPTS MONTHLY RETURN FOR COMMERCIAL MOBILE SERVICE TAX

★ ★ ★ Government of the District of Columbia  
Office of the Chief Financial Officer  
Office of Tax and Revenue

**REVERSE SIDE  
MUST BE  
COMPLETED**

Federal Employer Identification Number (FEIN)

OFFICIAL USE

MONTH ENDING

DUE DATE

BUSINESS NAME

ADDRESS

CITY

STATE ZIP CODE

**Mailing Instructions:** Make check or money order payable to the DC Treasurer. Identify the tax payment and mail to the Office of Tax and Revenue, Excise Taxes, PO Box 556, Washington DC 20044-0556.

DESCRIPTION

Column A  
Non-Commercial

Column B  
Commercial

1. Total Amount Subject to Tax

\$

2. Less Bad Debt Deduction

3. Taxable Gross Receipts

4. Tax Rate

10%

11%

5. Total Tax Due (Multiply Line 3 by Line 4)

6. Less: Multi-State Tax Credit (See Instruction 7)

7. Net Tax Due

8. Penalty (Late Filing and Payment)

9. Interest

10. Total Amount Due

11. Total Amount Paid (Add Column A & B of Line 10)

Under penalties of law, I declare that I have examined this return and to the best of my knowledge, it is correct. Declaration of paid preparer is based on all the information available to the preparer.

SIGNATURE

DATE

TITLE

PHONE #

Signature of preparer if other than full-time employee of taxpayer

Account Number (1)	Description Number (2)	Entire Monthly Gross Receipts (3)	Claimed Monthly Eliminations (4)	Total Amount Subject to Tax (5)
Totals (Enter total of column 5 on line 1 of reverse side)				

## Taxpayer's Records

[illegible]