Use your 'Mouse' or the 'Tab key' to move through the fields and 'Mouse' or 'Space bar' to enable the checkboxes.



REV 01 FORM 009

Do not write above this line.		
Account ID:		
	(Reporting p	eriod)
You must round your figures to whole	e dollars. See instructions.	
Site where the taxable sales were made	,	General merchandise
Location code		X = 4b
Site name		Food, drugs, and medical appliances (1988)
Site address	5a	X = 5b
		Receipts taxed at other rates
City, state, ZIP	8a	8b
General merchandise		
Location code	4a	X = 4b
Site name		Food, drugs, and medical appliances (rate)
Site address	5a	Food, drugs, and medical appliances X = 5b Receipts taxed at other rates
		Receipts taxed at other rates
City, state, ZIP	8a	8b
General merchandise		
Location code	4a	X = 4b
Site name		Food, drugs, and medical appliances (1988)
Site address	5a	Receipts taxed at other rates = 5b (value)
City, state, ZIP	8a	8b
Site name	5a	X = 4b Food, drugs, and medical appliances (************************************
General merchandise		
Location code	4a	X = 4b
Site name		Food, drugs, and medical appliances
Site address	5a	Receipts taxed at other rates = 5b (value)
City, state, ZIP	89	8b
5a 5b _		

ST-2 front (R-11/11)

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.