License #:			
Company Name:			
Street:			
City:	State:	Zip:	
Phone #:			
MUNICIPALITY:			
MONTH:	YEAR:		
Total Number of Packages of 2	0's		
Less Total Packages Returned		- <u></u>	
Sub-Total			
Times Municipality's Tax Rate	.05		
Amount Due:			
Total Number of Packages of 2	5's		
Less Total Packages Returned			
Sub-Total			
Times Municipality's Tax Rate	.0625		
Amount Due			
Less Any Unused Affidavits/Cr	edit		
GRAND TOTAL			
Enclosed is a printout to support the abo	ve total sales and a	check for the amount due	
I hereby certify that this report made by	me is true and corre	ect.	
Signed:(Owner or Member of Firm)	Date:		



THIS REPORT IS DUE BY THE 15TH OF THE MONTH