Department of Revenue Services PO Box 5030 Hartford CT 06102-5030 (Rev. 07/18) OS114 0718W 01 9999



## Form OS-114 (SUT) Connecticut Sales and Use Tax Return

See Form O-88, Instructions for Form OS-114 Connecticut Sales and Use Tax Return. Type or print. Complete the return in blue or black ink only. Do not use grayed-out fields.

For period ending	Due date	7		Connecticut Tax Registration	on Number
	• –	-			
Taxpayer Name	M M - D	D - Y Y Y Y		Federal Employer Identifica	ation Number
<ul> <li>This return MUST be</li> </ul>	filed elec	tronically!		•	
Address (Number and street), apartment number	, PO Box				
<ul> <li>DO NOT MAIL paper</li> </ul>	tax retur	n to DRS.			
City, town, or post office	State	ZIP code		Check here if this is	
•	•	•		an <b>amended</b> return.	
If applicable, provide the following information:	Final Retur	n Enter last busi	ness date:	M M - D D - Y \	<u> </u>
Rounding: You must round off cents to the neare: on your return and schedules.	st whole dollar	Column 1 6.35% Tax Rate	7	Column 2	Column 3 .35% Tax Rate
Gross receipts from sales of goods	1.		.00	.00	
Gross receipts from leases and rentals	2.		.00	.00	.00
Gross receipts from labor and services	3.		.00		
4. Goods purchased by your business subject	to use tax4.		.00	.00	
5. Leases and rentals by your business subject	to use tax5.		.00	.00	.00
6. Services purchased by your business subject	t to use tax6.		.00		
7. Total: Add Lines 1 through 6	7.		.00	.00	.00
8. Deductions. See instructions	8.		.00	.00	.00
9. Subtract Line 8 from Line 7. If zero or less, et	nter "0"9.		.00	.00	.00
10a. Amount of tax due: Multiply Line 9 by Tax Ra	ate10a.		.00	.00	.00
10. Total tax due: Add Line 10a, Columns 1, 2, an	d 3			10.	.00
11. For amended return only, enter tax paid on pr	rior return			11.	.00
12. Net amount of tax due: Subtract Line 11 from	Line 10			12.	.00
13. Interest	+ Penalty			= • 13.	.00
14. Total amount due: Add Line 12 and Line 13				14.	.00
Declaration: I declare under the penalty of law that I have a	avamined this return (	including any accompany	vina schodule	se and etatements) and to the heet o	of my knowledge and helief i

**Declaration:** I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Cian Hara	Taxpayer's signature	Title	Date	Telephone number
	<ul> <li>This return MUST be filed</li> </ul>	<b>e</b> lectronicall	y•	•
Keep a copy of	Taxpayer's email		M M - D D - Y Y Y Y	
this return	DO NOT MAIL paper tax r	eturn to DRS	).	
for your	Paid preparer's signature	Paid preparer's addre	ess	Date
records.	•	•		•
				M M - D D - Y Y Y Y

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See instructions	(Form	O-88	hefore	compl	etino
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CT Tax Registration # •

All quarterly and monthly filers **must** file Form OS-114 and pay its associated taxes electronically. Visit **www.ct.gov/TSC** to file your return electronically using the *TSC* or call **855-665-9471** or **860-449-1011** (from Groton area) to file your return using *Telefile*. To request a one-year waiver from this electronic filing requirement visit **www.ct.gov/drs/TSCfiling** to complete **Form DRS-EWVR**, *Electronic Filing and Payment Waiver Request*. Form OS-114 **must** be filed and paid on or before the last day of the month following the end of the period.

•	,	•	•				
If applicable, provide the follow	owing information:						
Enter new mailing addres	s: •						
Enter new physical location	on (PO Box is not acceptabl	le.): •					
Enter new trade name: ●			First return - Er	nter business	start date: •	-	-
New owners must obtai	n a new Connecticut Tax F	Registration Num	ber.			M M - D	D - Y Y Y Y
Enter new owner name:	•			Date sold: •		-	
					M M - D	D - Y Y	YY
Address:●							

	M M - D I	O - Y Y Y Y
Address:	Column 1	Column 2
Deductions	6.35% Tax Rate	7.75% Tax Rate
15. Sales for resale - sales of goods15.	.00	.00
16. Sales for resale - leases and rentals16.	.00	.00
17. Sales for resale - labor and services17.	.00	
18. All newspapers and subscription sales of magazines and puzzle magazines18.	.00	
19. Trucks with GVW rating over 26,000 lbs. or used exclusively for carriage of interstate freight19.	.00	
21. Food for human consumption, food sold in vending machines, items purchased with food stamps21.	.00	
23. Sale of fuel for motor vehicles	.00	
24. Sales of electricity, gas, and heating fuel for residential dwellings For Utility & Heating24.	.00	
25. Sales of electricity - \$150 monthly charge per business Fuel Companies25.	.00	
26. Sales of electricity, gas, and heating fuel for manufacturing or agricultural production	.00	
27. Aviation fuel	.00	
29. Tangible personal property to persons issued a Farmer Tax Exemption Permit29.	.00	
30. Machinery, its replacement, repair, component and enhancement parts, materials, tools and fuel for manufacturing	.00	
31. Machinery, materials, tools, and equipment used in commercial printing process or publishing 31.	.00	
32. Vessels, machinery, materials, tools, and fuel for commercial fishing32.	.00	



See instructions (Form O-88) before completing.

CT Tax Registration # •

Column 1 Column 2 6.35% Tax Rate 7.75% Tax Rate .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 43. Federal, Connecticut, or municipal agencies - leases and rentals.......43. .00 .00 44. Federal, Connecticut, or municipal agencies - labor and services.......44. .00 45. Items certified for air or water pollution abatement - sales, leases, and rentals of goods.......45. .00 .00 .00 .00 .00 52. Taxed goods returned within 90 days at the rate listed above in Columns 1 or 2.......52. .00 .00 56. Oxygen, blood plasma, prostheses, etc. - sales, leases, rentals, or repair services of goods.....56. .00 63. Funeral expenses 63. .00 .00



See instructions (Form O-88) before completing.

CT Tax Registration # •

Column 2 Column 1 7.75% Tax Rate 6.35% Tax Rate .00 71. Certain machinery under the Manufacturing Recovery Act of 1992 (See instructions, Form O-88)...71. .00 72. Machinery, equipment, tools, supplies, and fuel used in the biotechnology industry......72. .00 73. Repair and maintenance services and fabrication labor to vessels......73. .00 74. Computer and data processing services at 1% (See instructions, Form O-88.).....74. .00 .00 .00 77. Sales of qualifying items to direct payment permit holders......77. .00 .00 82. Motor vehicles sold to active duty nonresident members of the armed forces at 4.5%.00 .00 .00 83. For cigarette dealers only: Purchases of cigarettes taxed by a stamper or distributor.......83. 84. Sales of vessels, motors for vessels or trailers used for transporting vessels at 2.99%, .00 effective July 1, 2018 (See instructions, Form O-88.) .00 .00 A. Other Adjustments - sales of goods (Describe: • ) A. (Describe: • .00 .00 B. Other Adjustments - leases and rentals ) B. C. Other Adjustments - labor and services (Describe: • ) C. .00 Total Deductions: Enter here and on Line 8 on the front of this return..... .00 .00