



Gross Receipts Assessment Report

Taxpayer number

Commission certificate number

For Comptroller's use only

T Code ■ 90100

Deposit Code ■ 230

Taxpayer name and mailing address

Check business type

Electric Telephone

Enter the annual reporting period for which this report is being filed.

Calendar Reporting Period	Reporting Period	Assessment Period	Due Date
<input type="checkbox"/> _____	<input type="checkbox"/> Annual	July through June	August 15

REPORTING PERIOD	MONTHLY GROSS RECEIPTS			QUARTERLY TOTALS
	1st month	2nd month	3rd month	
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				
Annual	July through June			

1. Enter total receipts for the year	1. \$
2. TOTAL ASSESSMENT DUE (Multiply Item 1 by .001667)	2.
3. Deduct authorized overpayments applied to this period (The deduction must be net of any penalties and/or interest assessed)	3.
4. NET ASSESSMENT DUE (Item 2 minus Item 3)	4.
5. Late filling penalty: 10% of Item 4 if report filed after due date	5.
6. Amount due (Item 4 plus Item 5)	6.
7. Late payment interest starting 31 days after due date: 12 % per annum simple interest, based on Item 6.....	7.
8. TOTAL AMOUNT DUE AND PAYABLE (Item 6 plus Item 7)	8. \$

Complete this report and make amount in Item 8 payable to
STATE COMPTROLLER

Mail to COMPTROLLER OF PUBLIC ACCOUNTS
111 E. 17th Street
Austin, Texas 78774-0100

I declare that the above information is true and correct to the best of my knowledge and belief.

sign here Taxpayer or duly authorized agent

Daytime phone _____ Date _____