



ST-2 Multiple Site Form

Attach to Form ST-1.

Do not write above this line.

Account ID: _____ This form is for _____
(Reporting period)

You must round your figures to whole dollars. See instructions.

Site where the taxable sales were made

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise

4a _____ X (rate) = **4b** _____
Drugs and medical appliances
5a _____ X (rate) = **5b** _____
Grocery
5c _____ X (rate) = **5d** _____
Receipts taxed at other rates
8a _____ **8b** _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise

4a _____ X (rate) = **4b** _____
Drugs and medical appliances
5a _____ X (rate) = **5b** _____
Grocery
5c _____ X (rate) = **5d** _____
Receipts taxed at other rates
8a _____ **8b** _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise

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Drugs and medical appliances
5a _____ X (rate) = **5b** _____
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5c _____ X (rate) = **5d** _____
Receipts taxed at other rates
8a _____ **8b** _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise

4a _____ X (rate) = **4b** _____
Drugs and medical appliances
5a _____ X (rate) = **5b** _____
Grocery
5c _____ X (rate) = **5d** _____
Receipts taxed at other rates
8a _____ **8b** _____

Page totals

4a _____ **4b** _____
5a _____ **5b** _____
5c _____ **5d** _____
8a _____ **8b** _____

