

NAME
ADDRESS
CITY, STATE & ZIP CODE

STM



16124799990101

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

FORM STM
REV 04/2021

TITLE

DATE

FEDERAL IDENTIFICATION NUMBER

RETURN FOR MONTH ENDING

NET SALES AND USE
TAX DUE AND PAID

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