

NAME
ADDRESS
CITY, STATE & ZIP CODE

# STM

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 04/2016

TITLE	DATE
FEDERAL IDENTIFICATION NUMBER	RETURN FOR MONTH ENDING

NET SALES AND USE  
TAX DUE AND PAID

\$ \_\_\_\_\_.