



SALES TAX - Construction Activity (6%) EIN/SSN : _____

Check box if **AMENDED**

REPORTING PERIOD : _____

Check box if **FINAL RETURN**

BUSINESS NAME:	MAILING ADDRESS:
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Line	Contracting Entity (Owner)	Contract No.	Type of Work/Location	Gross Receipts (Enter whole dollars)
1.				\$
				\$
				\$
2.				\$
				\$
				\$
3.				\$
				\$
				\$
4.				\$
				\$
				\$
5.				\$
				\$
				\$
6.				\$
				\$
				\$
7.				\$
				\$
				\$
8.				\$
				\$
				\$
9.				\$
				\$
				\$
10. Subtotal (Add Lines 1 thru 9)				\$
11. Total from any additional Forms 607				\$
12. Total Gross Receipts (Add Lines 10,11; transfer amount to Form 600-Line 9, Column 1)				\$