Provider Version of Form 72-001-01-3
Coupon Sales Tax Return

This form is not to be used by your taxpayer until the July 2001 tax period that is due by August 20, 2001. The use of the attached form prior to August 2001, will result in such form being sent back to the taxpayer without processing. A penalty may be assessed to you or the taxpayer.

NOTE: This form is to be filed on an 8 1/2 x 11 sheet of paper. Do not Cut.
**Mississippi Sales Tax Return**

**ACCOUNT NUMBER** | **TAX PERIOD**
--- | ---

**FILING STATUS** | **DUE ON OR BEFORE**
--- | ---

1. **Gross Income or Sales**
2. **Deductions** (From schedule below)
3. **Taxable Gross Income**
4. **Gross Tax** = Line 3 × 7%
5. **Discount** (2% of Line 4, Limited to $50.00 per return)
6. **Balance of Tax Due**
7. **Tax Credit** (Beer and Liquor Only)
8. **Net Tax Due**
9. **Penalty** (See Instructions)
10. **Credit Adjustments** (See Instructions)
11. **Additional Assessments** (See Instructions)
12. **Total Due**

**Signature of Taxpayer or Agent**

**Date**

**Phone**

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**Itemized Deductions**

1. **Sales Tax Included**
2. **Wholesale Sales - Sales for Resale**
3. **Sales to Direct Pay Permit Holders**
4. **Sales to Material Purchase Certificate Holders**
5. **Sales Delivered Outside of Mississippi**
6. **Sales of Prescription Drugs and Medicines**
7. **Sales of Motor Fuels**
8. **Sales of Food Purchased with Food Stamps**
9. **Other Non-Taxable Sales**
10. **Total (Transfer to Line 2 above)**

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**IMPORTANT:** This form must be filed even if no tax is due. Photocopies or hand completed forms are **NOT** acceptable.
### Mississippi Sales Tax Return

**IMPORTANT:** This form must be filed even if no tax is due. Photocopies or hand completed forms are NOT acceptable.

<table>
<thead>
<tr>
<th>ACCOUNT NUMBER</th>
<th>TAX PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/11 to 33/11</td>
<td>34/11 to 47/11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FILING STATUS</th>
<th>DUE ON OR BEFORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/14 to 33/14</td>
<td>34/14 to 47/14</td>
</tr>
</tbody>
</table>

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### Sales & Tax

<table>
<thead>
<tr>
<th>Item</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gross Income or Sales</td>
<td>70/10 to 79/10</td>
</tr>
<tr>
<td>2. Deductions (From schedule below)</td>
<td>70/11 to 79/11</td>
</tr>
<tr>
<td>3. Taxable Gross Income</td>
<td>70/12 to 79/13</td>
</tr>
<tr>
<td>4. Gross Tax = Line 3 X 7%</td>
<td>70/13 to 79/15</td>
</tr>
<tr>
<td>5. Discount (2% of Line 4, Limited to $50.00 per return)</td>
<td>70/14 to 79/14</td>
</tr>
<tr>
<td>6. Balance of Tax Due</td>
<td>70/15 to 79/17</td>
</tr>
<tr>
<td>7. Tax Credit (Beer and Liquor Only)</td>
<td>70/16 to 79/16</td>
</tr>
<tr>
<td>8. Net Tax Due</td>
<td>70/17 to 79/17</td>
</tr>
<tr>
<td>9. Penalty (See Instructions)</td>
<td>70/18 to 79/18</td>
</tr>
<tr>
<td>10. Credit Adjustments (See Instructions)</td>
<td>70/19 to 79/19</td>
</tr>
<tr>
<td>11. Additional Assessments (See Instructions)</td>
<td>70/20 to 79/20</td>
</tr>
<tr>
<td>12. Total Due</td>
<td>70/21 to 79/21</td>
</tr>
</tbody>
</table>

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### Itemized Deductions

<table>
<thead>
<tr>
<th>Item</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sales Tax Included</td>
<td>57/31 to 79/31</td>
</tr>
<tr>
<td>2. Wholesale Sales - Sales for Resale</td>
<td>57/32 to 79/32</td>
</tr>
<tr>
<td>3. Sales to Direct Pay Permit Holders</td>
<td>57/33 to 79/33</td>
</tr>
<tr>
<td>4. Sales to Material Purchase Certificate Holders</td>
<td>57/34 to 79/34</td>
</tr>
<tr>
<td>5. Sales Delivered Outside of Mississippi</td>
<td>57/35 to 79/35</td>
</tr>
<tr>
<td>6. Sales of Prescription Drugs and Medicines</td>
<td>57/36 to 79/36</td>
</tr>
<tr>
<td>7. Sales of Motor Fuels</td>
<td>57/37 to 79/37</td>
</tr>
<tr>
<td>8. Sales of Food Purchased with Food Stamps</td>
<td>57/38 to 79/38</td>
</tr>
<tr>
<td>9. Other Non-Taxable Sales</td>
<td>57/39 to 79/39</td>
</tr>
<tr>
<td>10. Total (Transfer to Line 2 above)</td>
<td>57/40 to 79/40</td>
</tr>
</tbody>
</table>
Importantly, this form must be filed even if no tax is due. Photocopies or hand completed forms are **NOT** acceptable.

**ACCOUNT NUMBER** | **TAX PERIOD**
--- | ---
025-12345-7 | 07 01

**FILING STATUS** | **DUE ON OR BEFORE**
--- | ---
Monthly | 08/20/01

**Address Change**
Make changes below.

**Final Return**
Close Account

**Amended Return**
Replace original Return

**Additional Tax-Supplement original Return**

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

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**Signature of Taxpayer or Agent**

**Date**

**Phone**

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**Sales & Tax**

1. Gross Income or Sales .......................................................... 100000
2. Deductions (From schedule below) ................................. 20000
3. Taxable Gross Income ......................................................... 80000
4. Gross Tax = Line 3 X 7% .................................................. 5600
5. Discount (2% of Line 4, Limited to $50.00 per return) .......... 50
6. Balance of Tax Due .......................................................... 5550
7. Tax Credit (Beer and Liquor Only) ................................. 0
8. Net Tax Due ..................................................................... 5550
9. Penalty (See Instructions) .................................................. 0
10. Credit Adjustments (See Instructions) ......................... 0
11. Additional Assessments (See Instructions) ................. 0
12. Total Due .................................................................... 5550

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**Itemized Deductions**

1. Sales Tax Included .................................................................
2. Wholesale Sales - Sales for Resale ...........................................
3. Sales to Direct Pay Permit Holders ........................................ 20000
4. Sales to Material Purchase Certificate Holders .....................
5. Sales Delivered Outside of Mississippi ..............................
6. Sales of Prescription Drugs and Medicines ...........................
7. Sales of Motor Fuels ..............................................................
8. Sales of Food Purchased with Food Stamps .........................
9. Other Non-Taxable Sales ......................................................
10. Total (Transfer to Line 2 above) ........................................ 20000

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**MS Mississippi Sales Tax Return**

**Form 72-001-01-3-1-000 (Rev. 5/01)**

**DIRECT 001**
Key to Data Fields for the Mississippi Sales Tax Coupon 72-001-01-3

Key to the data fields for the sales tax coupon form version for 2001/2002, Form Number 72-001-01-3. All grid locations are presented as: x/y the beginning location to x/y as the ending location on the 10/6 grid.

Page 1

The top left corner of the barcode is located at position 6/4 to 20/4.
The top right registration mark is located at the top right corner at grid 80/4.
The lower left registration mark is located at the lower left corner at grid 6/25.
"MS" to the left of the header must begin at grid 27/4 and end at grid 28/4 and is in a Courier 12pt.
The "SA" in the right corner begins at grid space 70/4 and ends at grid 73/4 and is Arial 18 pt.

If a draft version of this form is released in your software, the print function must be disabled. If a draft version is filed, it will be returned to the taxpayer and a penalty may apply to you or your customer.

Provider forms are only accepted after approval. It is not acceptable for a taxpayer to print out a blank copy of the form and hand complete it. A hand completed version of a provider form will be sent back to the taxpayer and a penalty may apply to you or your customer. All forms must be original laser printed forms. **Photocopies are NOT acceptable.**

The following is the labeling and the description of the items to be included in this form. The beginning and ending data positions are included in one of the templates for this form. The field length is included in this key for each data position. Grid positioning given is from the first grid space and through the last grid space included in a data field. (Example 27/10 to 36/10 is 10 grid spaces). Use this information to position the data on the returns. Do not use a grid overlay to determine the positions from a printed paper form. The field length specified assumes using a **Courier 12pt. font or OCR-A 12pt. font**, which are the required fonts. All data fields should be right justified. All fields must be filled. If the field is blank a "0" should be used for numeric field, an "N" should be used for an alpha field.

The money fields should **not** contain any commas, cents, decimals or other formatting information except for the negative signs (-) as a leading indicator for any negative amount.

Front (Page 1) of the form:

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC</td>
<td>Account Number - The account number field should be 9 digits long and contain leading zeros. The last digit in the account number is a check digit. This will be part of the account number finshed to the taxpayer. Data position is 21/11 to 33/11.</td>
</tr>
<tr>
<td>AD</td>
<td>Address Change - Y or N in the form. If this is Y, then the new address should be entered in the address field in the body of the form. An N if there is no change. This field is 1 character long. Data position is 6/10.</td>
</tr>
<tr>
<td>FN</td>
<td>Final Return - Y or N in the form. This should be Y if this is the last return and the account should be closed. An N if there is no change. This field is 1 character long. Data position is 6/13.</td>
</tr>
<tr>
<td>AM</td>
<td>Amended Return - Y or N in the body of the form. If Y, this return should replace the original return, not supplement it. An N if there is no change. This field is 1 character long. Data position is 6/16.</td>
</tr>
<tr>
<td>AT</td>
<td>Additional Tax - Y or N in the form. If Y, this is additional tax that should supplement the original return. An N if there is no change. This field is 1 character long. Data position is 6/19.</td>
</tr>
<tr>
<td>FS</td>
<td>Filing Status - This should be monthly, quarterly, or annual. This field is 14 characters long. Data position is 20/14 to 33/14.</td>
</tr>
</tbody>
</table>
Due Date

Due Date - The due date should always be the 20th of the month following the period for which the tax is due. Example - January 2002 will be due on February 20, 2002. This field is 12 characters long. Data Position is 34/14 to 47/14.

This is a money field and is 10 characters long. Data position is 70/10 to 79/10.

This is a money field and is 10 characters long. Data position is 70/11 to 79/11.

This is a money field and is 10 characters long. Data position is 70/12 to 79/12.

This is a money field and is 10 characters long. Data position is 70/13 to 79/13.

This is a money field and is 10 characters long. Data position is 70/14 to 79/14.

This is a money field and is 10 characters long. Data position is 70/15 to 79/15.

This is a money field and is 10 characters long. Data position is 70/16 to 79/16.

This is a money field and is 10 characters long. Data position is 70/17 to 79/17.

This is a money field and is 10 characters long. Data position is 70/18 to 79/18.

This is a money field and is 10 characters long. Data position is 70/19 to 79/19.

This is a money field and is 10 characters long. Data position is 70/20 to 79/20.

This is a money field and is 10 characters long. Data position is 70/21 to 79/21.