



Form OS-114 (BUT)

Connecticut Sales and Use Tax Return

See **Form O-88, Instructions for Form OS-114 Sales and Use Tax Return.** Type or print. Complete the return in blue or black ink only. **Do not** use grayed-out fields.

For period ending MMDDYYYY	Due date MMDDYYYY	Connecticut Tax Registration Number
Taxpayer name This return MUST be filed electronically!		Federal Employer Identification Number
Address (number and street), apartment number, PO Box DO NOT MAIL paper tax return to DRS.		Check here if this is an amended return.
City, town, or post office	State	ZIP code
DRS use only		MMDDYYYY

Rounding: You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, DRS will disregard the cents.

Column 1 6.35% Tax Rate	Column 2 7.75% Tax Rate	Column 3 9.35% Tax Rate
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1. Gross receipts from sales of goods. 1.			
2. Gross receipts from leases and rentals. 2.			
3. Gross receipts from labor and services. 3.			
4. Goods purchased by your business subject to use tax. 4.			
5. Leases and rentals by your business subject to use tax. 5.			
6. Services purchased by your business subject to use tax. 6.			
7. Total: Add Lines 1 through 6 7.			
8. Deductions. See instructions 8.			
9. Subtract Line 8 from Line 7. If zero or less, enter "0". 9.			
10a. Amount of tax due: Multiply Line 9 by Tax Rate. 10a.			
10. Total tax due: Add Line 10a, Columns 1, 2, and 3. 10.			
11. For amended return only, enter tax paid on prior return. 11.			
12. Net amount of tax due: Subtract Line 11 from Line 10. 12.			
13. Interest + Penalty = 13.			
14. Total amount due: Add Line 12 and Line 13. 14.			

If applicable, provide the following information: Final return Enter last business date: MMDDYYYY

Enter new mailing address: *

Enter new physical location (PO Box is not acceptable.): *

Enter new trade name: * First return - Enter business start date: *

New owners must obtain a new Connecticut Tax Registration Number.

Enter new owner name: * Date sold: * MMDDYYYY

Address: *

Declaration: I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here Keep a copy of this return for your records.	Taxpayer's signature This return MUST be filed electronically!	Title	Date (MMDDYYYY)	Telephone number
	Taxpayer's email DO NOT MAIL paper tax return to DRS.			
	Paid preparer's signature	Paid preparer's address	Date (MMDDYYYY)	

All quarterly and monthly filers **must** file Form OS-114 and pay its associated taxes electronically. Visit www.ct.gov/TSC to file your return electronically using the **TSC** or call **860-449-1011** to file your return using **Telefile**. To request a one-year waiver from this electronic filing requirement visit www.ct.gov/drs/TSCfiling to complete **Form DRS-EWVR, Electronic Filing and Payment Waiver Request**. Form OS-114 **must** be filed and paid on or before the last day of the month following the end of the period.

