



**GROSS RECEIPTS TAX  
OTHER  
2009 REPORT**

(Department Use Only) DLN
ACCOUNT ID (CORPORATE BOX NUMBER)
(Department Use Only) Date Received
FEDERAL ID (EIN)
<input type="checkbox"/> Check to indicate a change of address

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Check to send all correspondence to preparer.

First Report     Amended Report (See instructions.)     Last Report (Out-of-Existence as of \_\_\_\_\_.)

**ANNUAL PAYMENTS**      TAX PERIOD ENDING **12/31/09**      DUE DATE **03/15/10**

Fill in corresponding self-assessed tax, prepayments, remittance amount and grand totals.

✓	T/C 01-15 TAX TYPE	REVENUE USE ONLY		A. Tax Liability from Tax Report	B. Estimated Payments & Credits on Deposit	C. Restricted Credit	Remittance A minus B minus C
		TYPE CODE	BUDGET CODE				
✓	GROSS RECEIPTS- Transportation	10	123103				
	GROSS RECEIPTS- MCO	10	780101				
<b>Note: Prepayments of transportation tax for year ending 12/31/10 required. See Estimated Payment Coupon.</b>							
GRAND TOTALS							

PLEASE CHECK THIS BLOCK ONLY IF THE TOTAL PAYMENT SHOWN ABOVE HAS BEEN OR WILL BE PAID BY ELECTRONIC FUNDS TRANSFER (EFT).

**OVERPAYMENT INSTRUCTIONS** (Choose only Option A or Option B and write the appropriate letter in the box provided.)

- A = Automatically transfer overpayments to other current-tax-period underpaid taxes, then to the next tax period.
- B = Refund overpayment(s) of the current-tax-period after paying any other current-tax-period underpaid taxes.

By checking the "Amended Report" box on this form, the taxpayer consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires. For purposes of this extension, an original report filed before the due date is deemed filed on the due date.

I affirm under penalties prescribed by law that this report (including any accompanying schedules and statements) was examined by me, to the best of my knowledge and belief is a true, correct and complete report and I am authorized to execute this consent to the extension of the assessment period. This declaration is based on all information of which I have any knowledge.

Signature of Officer of Company	Title	Date	Telephone Number ( )
<b>PRINT</b> Individual Preparer or Firm's Name	<b>Signature</b> of Preparer	Fax Number ( )	
<b>PRINT</b> Individual or Firm's Street Address	Title	Telephone Number ( )	
City	State	ZIP Code	E-mail Address



Taxpayer Name: \_\_\_\_\_

Account ID (Box #): \_\_\_\_\_

**Gross Receipts Tax**  
**MANAGED CARE ORGANIZATIONS (MCO)**  
**FOR TAX YEAR: 12/31/2009**

- 1. Total Gross Receipts for period ending 12/31/2009
- 2. Gross Receipts from 10/1/2009 to 12/31/2009
- 3. Tax at rate of 59 mills (Line 2 x 0.059; whole numbers only)

\$	
\$	
\$	

Carry the tax from Line 3 to Page 1, Gross Receipts - MCO line, Column A.