

**Form ST-115**

State Form 321

(R5/ 3-08)

Indiana Department of Revenue

Consumer's Use Tax Return

Check Type of Return

-
- Annual
-
-
- Quarterly
-
-
- Monthly

Period beginning (month/year) _____ and ending (month/year) _____

Name		
Street Address		
City or Post Office, County, State, and Zip Code		
Principal Business Activity		Social Security Number
ID Type (circle one)	Indiana TID # Federal ID #	ID Number

Tax Computation

- | | | | | | | | | | | | | |
|--|----|---|---|--|--|--|--|--|--|--|--|--|
| 1. Total purchases subject to tax
(from reverse side)..... | \$ | <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%; text-align: center;">2</td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table> | 2 | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 2. Use Tax
(7% of Line 1)..... | | <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%; text-align: center;">2</td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table> | 2 | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3. Penalty (10% of Line 2) &
Interest (call the Department*)
if paid after due date..... | | <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%; text-align: center;">2</td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table> | 2 | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 4. Total amount due
(add Lines 2 and 3)..... | \$ | <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%; text-align: center;">2</td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table> | 2 | | | | | | | | | |
| 2 | | | | | | | | | | | | |

 Signature & Title if other than individual return _____ Date _____
 I declare under the penalties of perjury that to the best of my knowledge and belief, this is a true, correct, and complete return.
For Departmental Use Only*Call (317) 233-4015 or by e-mail at: www.in.gov/dor/contact/email.html

List all purchases of tangible personal property subject to use tax.

Name and Address of Seller	Description of Property Purchased	Date of Purchase	Purchase Price of Property
			\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(if more space is needed, please attach a schedule)

TOTAL*

\$

After completing this form, mail with payment to:
Indiana Department of Revenue, 100 N. Senate Ave, Indianapolis, IN 46204

*This amount goes on Line 1,
on the front of this form.