

**Form ST-115**

State Form 321

(R7 / 4-19)

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<br>(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<br>(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) &<br>Interest (call the Department*)<br>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<br>(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](http://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"/>
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(if more space is needed, please attach a schedule)

**TOTAL\***

\$

After completing this form, mail with payment to:  
**Indiana Department of Revenue, P.O. Box 7228, Indianapolis, IN 46207-7228**

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