



# EDA-117-E Multiple Location Schedule

(attach to EDA-98-E)

Account ID: \_\_\_\_\_

License no: \_\_\_\_\_

Audit period you are filing the claim on: \_\_\_\_\_

Location code: \_\_\_\_\_ Tax or fee \_\_\_\_\_

Site name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Location code: \_\_\_\_\_ Tax or fee \_\_\_\_\_

Site name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Location code: \_\_\_\_\_ Tax or fee \_\_\_\_\_

Site name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Location code: \_\_\_\_\_ Tax or fee \_\_\_\_\_

Site name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Location code: \_\_\_\_\_ Tax or fee \_\_\_\_\_

Site name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Location code: \_\_\_\_\_ Tax or fee \_\_\_\_\_

Site name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Location code: \_\_\_\_\_ Tax or fee \_\_\_\_\_

Site name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.