CARSON CITY VISITORS BUREAU
OPERATORS MONTHLY TRANSIENT LODGING TAX RETURN

PROPERTY NAME
ATTN:
ADDRESS
ADDRESS

FOR THE MONTH OF:
JULY 2016
DUE ON OR BEFORE:
AUGUST 31, 2016

***** PLEASE READ CCVB ROOM TAX POLICY AND PROCEDURES MANUAL BEFORE FILING OUT FORM*****

OPERATOR'S MONTHLY TRANSIENT LODGING TAX FOR THE PERIOD FROM: 07/01/16 TO: 07/31/16

		REPORTED	DO NOT WRITE IN THIS COLUMN
1. GROSS RENTAL REVENUE INCLUDING YOUR 28 DAY (OR MORE) RENTALS			
2. ADJUSTMENTS FOR REVENUE FOR PRIOR MONTHS (Attach an explanation)			
3. TOTAL (Line 1 plus or minus Line 2)		-	
DEDUCTIONS			
4. RENTAL REVENUE - 28 DAYS OR MORE (Rentals included in Line 1)			
5. REFUNDS PAID BY YOU			
6. GOVERNMENT EXEMPTIONS (Attach documentation)			
7. TOTAL DEDUCTIONS (Line 4 + 5 + 6)		-	
8. TAXABLE ROOM RENTAL REVENUE (Line 3 less Line 7)		-	
9a. PREPAID TAXABLE ROOM RENTAL REVENUE (Paid on or before 06/30/16 - Attach documentation)			
9b. TAXABLE ROOM RENTAL REVENUE (Paid on or after 07/01/16)		-	
10a. GROSS TAX 10% OF LINE 9a.		-	
10b. GROSS TAX 11% OF LINE 9b.		-	
10c. TOTAL GROSS TAX (Line 10a & Line 10b)		-	
11. ALLOWANCE FOR REPORTING	*2% OF LINE 9 =* -		
If paid on or before the 15th, enter calculated allowance from above, here		-	
12. NET TAX (Line 10c less Line 11)		-	
13. PENALTY (if any - see instructions)			
14. INTEREST (If any - 1.5% per month or fraction thereof)			
15. TOTAL AMOUNT DUE AND PAYABLE		-	

Penalties and interest are assessed on all delinquent payments. To avoid penalties, returns and remittance should be mailed in time to be postmarked prior to midnight of the due date. Refer to Carson City Visitors Bureau Room Tax Policy and Procedure Manual before charging tax or completing form. Please call (775) 687-7410 to request a copy of the manual.

I HEREBY CERTIFY, that I have examined this report and that the statements made and the figures shown herein and in any accompanying schedules are to the best of my knowledge and belief a true and complete return made in good faith for the period stated, pursuant to the Applicable Carson City Ordinance.

Signed

Name & Title

Email Address

Phone Number

Date

PLEASE MAKE YOUR CHECK PAYABLE TO:
CARSON CITY VISITOR BUREAU
716 N CARSON ST
CARSON CITY NV 89701

Please complete Occupancy Report on reverse side