

OFFICE OF NYE COUNTY TREASURER
Tonopah, Nevada
LICENSEE'S MONTHLY ROOM LICENSE TAX RETURN
(Tonopah Room Tax)

Date Received

Establishment:

FOR THE MONTH OF:

**A penalty of 10% plus 1% interest per month will be applied after the stated due date
(15 days following the last day of the month in which revenues are earned.)**

PLEASE ALLOW FOR MAILING TIME TO ENSURE YOUR PAYMENT IS RECEIVED IN THE TREASURER'S OFFICE ON OR BEFORE THE 15th OF THE MONTH.

ADDITIONS - RENTAL REVENUE

1. Enter your gross rental revenue (including any kitchenette units rented for a 28 day consecutive period and

which has been paid for in advance of the period of occupancy.) \$

2. Enter any adjusted revenues for prior month. *(Attach an explanation)* \$

3. Add lines 1 and 2. **THIS IS YOUR TOTAL REVENUE** \$

DEDUCTIONS - EXEMPTIONS

4. Deduct refunds paid by you this month. \$

5. Exempt revenues \$

6. Deduct any adjusted rental revenue for prior months. *(Attach an explanation)* \$

7. ENTER TOTAL OF LINES 4, 5, 6. \$

8. DEDUCT LINE 7 FROM LINE 3. **THIS IS YOUR TAXABLE AMOUNT** \$

9. ENTER 9% OF LINE 8. **THIS IS YOUR TAX** \$

10. Enter the amount of any penalty advice you have received from the

Treasurer's Office. **Month** **Year** \$

11. Add lines 9 and 10.

THIS IS THE AMOUNT OF YOUR REMITTANCE \$

Please make your check payable to Nye County Treasurer.

Mail Return & Remittance to P.O. Box 473 Tonopah, NV 89049 **OR** 170 N. Floyd St., Suite #2, Pahrump, NV 89060

****IMPORTANT****

*Payments may be dropped off at the Treasurer's Office in either Tonopah (101 Radar Road) or Pahrump (170 N. Floyd)
IF mailing your payment, please allow adequate time to ensure it is received by the Treasurer's office by the 15th of the month
If ownership has changed during the month you are reporting, attach a full statement.*

The undersigned hereby certifies that the above and foregoing report is a true and correct statement of rental income received and tax collected under and pursuant to applicable ordinances by the above named establishment for the period covered by this return.

(Signed)

(Title)

(Date)