

NEVADA DEPARTMENT OF TAXATION

ONE TIME SALES TAX RETURN

PROMOTER MUST Remit Payment to the Address Below:

1550 College Parkway, Suite 115
Carson City, NV 89706

TID No.:

Number of Returns Issued: To Be Returned By:

Name of Event: Event Date(s):

Location of Event:

Name of Business or Individual: Phone No. ()

Business Address: EIN / SSN:

City, State: Zip:

Gross Taxable Sales: Tax Rate: Lyon 7.10% Sales Tax Due:

Signature: Assigned Space No.:

Owner/Partner/Corporate Officer

Pursuant to NRS 372.055 every vendor who makes sales more than twice in a twelve (12) month period must register as a seller in the State of Nevada.

If payment is by check or money order, please make it payable to the Department of Taxation for the full amount of sales tax due. This return must be filed k j l ' Dfca chff even though no taxable sales were made.

Department Copy
TXR-01.04 ONE TIME RETURN
Rev 11-13-15

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Seller's Copy
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Rev 11-13-15