NEVADA DEPARTMENT OF TAXATION

MODIFIED BUSINESS TAX RETURN FINANCIAL INSTITUTIONS

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 52674
PHOENIX AZ 85072-2674

Be sure to put your Taxpayer ID Number in the License Number field without dashes or periods

LICENSE NO:021-TX-

FOR DEPARTMENT USE ONLY

PERIOD ENDING: 12/31/06

DUE BY:

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY

If the address as shown is incorrect, please make any corrections before mailing the return. Use the space on the left for these corrections.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (Same amount as on Line 3 of ESD Form NUCS 4072)		
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN		
3. Line 1 minus Line 2	3.	
4. Offset Carried Forward from Previous Quarter	4.	
5. Line 3 minus Line 4	5.	
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 15)	6.	
7. CALCULATED TAX (2 % or 0.02 x Line 6)	7.	
8. CREDITS (Overpayments as determined by the Department)	8.	
9. NET TAX DUE (Line 7 minus Line 8)	9.	
10. PENALTY (10%) of Net Tax Due (Line 9 x 0.10)	10.	
11. INTEREST (1%) of Net Tax Due (Line 9 x 0.01 x each month past due) See instructions	11.	
12. PREVIOUS DEBITS (Outstanding liabilities)	12.	
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)		
14. AMOUNT PAID		
15. CARRY FORWARD (If Line 5 is less than zero (0) enter amt. here. This Offset will be carried forward for the next quarter)		

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

Signature	Phone Number ( )	Date
Title	FEIN of Business Named Above	

I hereby certify that this return, including any accompanying schedule and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. **THIS RETURN MUST BE SIGNED**