

**BUSINESS TAX RETURN**

Mail original to:

NEVADA DEPT OF TAXATION  
 1550 E. COLLEGE PARKWAY  
 SUITE 115  
 CARSON CITY NV 89706

For Department Use Only
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BUSINESS NAME & ADDRESS:

Return for quarter ending \_\_\_\_\_

due no later than

**IF POSTMARKED AFTER DUE DATE,  
 PENALTY AND INTEREST WILL APPLY**

If the name or address as shown is incorrect, if ownership has changed, or if you are out of business, **notify a Department of Taxation District Office immediately.**

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

CALCULATION OF HOURS	NUMBER OF EMPLOYEES WORKING IN NEVADA	TOTAL HOURS Not to exceed 468 hours per employee
1. Full-Time Employees		
2. Part-Time Employees		
3. Less Exempt Hours		
<b>4. TOTAL HOURS</b>		
5. Total Hours _____ divided by 468 =		
(From Line 4)		

CALCULATION OF TAX	
6. Number of full-time equivalent employees (from Line 5)	
7. TAX DUE \$25.00 PER EMPLOYEE (Line 6 x \$25.00)	
8. Penalty 10% of Line 7	
9. Interest 1% or 1.5% of Line 7 X each month past due-see instructions	
10. Plus liabilities established by the Department	
11. Less credit(s) approved by the Department	
<b>12. TOTAL AMOUNT DUE AND PAYABLE</b>	
<b>13. TOTAL AMOUNT REMITTED WITH RETURN</b>	
(Make checks payable to Nevada Department of Taxation)	

**RETURN MUST BE SIGNED**

I hereby certify that this return including any accompanying schedules and statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature		Name of preparer if other than owner	
Title	Fed Id. or Soc. Sec. #	Phone number (       )	Date