

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