

NEVADA DEPARTMENT OF TAXATION

**MODIFIED BUSINESS TAX RETURN
FINANCIAL BUSINESS**

Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 51107
LOS ANGELES, CA 90051-5407

Use this form for the quarterly period beginning July 1, 2019

Account Name:			
Mailing Address:			
City, State, Zip:			

Instead of mailing the return, email the saved return to: nevadaolt@tax.state.nv.us

TID NO:021-TX	
For Department Use Only	
PERIOD ENDING:	
DUE BY:	
Date Paid:	

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
- 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN
- 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES
- 3. LINE 1 MINUS LINE 2a AND LINE 2b
- 4. OFFSET CARRIED FORWARD FROM PREVIOUS QUARTER
- 5. LINE 3 MINUS LINE 4
- 6. TAXABLE WAGES (If Line 5 is greater than zero enter amount here, if less than zero enter on Line 16)
- 7. CALCULATED TAX (1.853% or .01853 x Line 6)
- 8. COMMERCE TAX CREDIT
- 9. OTHER CREDITS (Overpayments or other approved credits, see instructions)
- 10. NET TAX DUE (Line 7 minus Line 8 minus Line 9)
- 11. PENALTY (10%) of Net Tax Due (Line 9 x 0.10)
- 12. INTEREST (0.75%) of Net Tax Due (Line 9 x 0.0075 x each month past due)
- 13. PREVIOUS DEBITS (Outstanding liabilities)
- 14. TOTAL AMOUNT DUE (Line 10 + Line 11 + Line 12 + Line 13)
- 15. AMOUNT PAID
- 16. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This offset will be carried forward for the next quarter)

1.	
2a.	
2b.	
3.	
4.	
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6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

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**

INSTRUCTIONS - MODIFIED BUSINESS TAX RETURN - FINANCIAL BUSINESSES ONLY
(General Businesses and Mining Businesses need to use the form developed specifically for them.)

- Line 1. Total Gross Wages - Enter the total amount of all gross wages and reported tips paid this calendar quarter.
- Line 2a. Employer paid health care costs, paid this calendar quarter.
- Line 2b. Enter deduction for qualified Veterans wages. Attach employee verification of Unemployment Benefits and signed affidavit that employee meets the requirements pursuant to AB71 of the 78th (2015) legislative session.
- Line 3. Line 1 minus Line 2a and Line 2b.
- Line 4. Offsets carried forward are created when allowable health care costs exceed gross wages in the previous quarter. If applicable, enter the previous quarter's offset here. This is not a credit against any tax due. This reduces the wage base upon which the tax is calculated.
- Line 5. Line 3 minus Line 4.
- Line 6. Taxable wages is the amount that will be used in the calculation of the tax. If line 5 is greater than zero, this is the taxable wages. If line 5 is less than zero, then no tax is due. (This amount will be entered on line 16 as the offset carried forward for the next quarter. The offset carried forward is only limited to the health care deduction. This excludes the deduction for veterans' wages.)
- Line 7. Calculate Tax Due: Taxable wages x (rate shown on line 7) = the tax due. (Rate Varies by Period End Date according to Tax Laws)
- Line 8. Commerce Tax Credit – Enter 50% of the Commerce Tax paid in the prior tax year up to the amount of MBT tax owed. Do not enter an amount less than zero. If the credit amount is higher than the MBT tax owed it may be carried forward up to the fourth quarter immediately following the end of the Commerce Tax year for which Commerce Tax is paid. .
- Line 9. Other Credits - Enter the amount of overpayment of Modified Business Tax (MBT) made in prior reporting periods for which you have received a Department of Taxation credit notice. Credit notices received from the Department are not cumulative. Do not take the credit if you have applied for a refund. NOTE: Only credits established by the Department may be used. The 78th (2015) legislative session enacted several Bills that created credits towards the MBT that may be taken on this tax return if qualified. These credits except for the college savings plan contributions form require prior approval by the Department and a credit notice. Please attach credit notice and/or College Savings Plan Contribution Form to this return.
- Line 10. Net Tax Due - Line 7 minus Line 8 minus Line 9. This amount is due and payable by the due date; the last day of the month following the applicable quarter. If payment of the tax is late, penalty and interest (as calculated below) are applicable.
- Line 11. If this return is not submitted/postmarked and taxes are not paid on or before the due date as shown on the face of this return, the amount of penalty due is: a) For returns with Period(s) Ending prior to and including 3/31/07 the Penalty is 10%; b) For returns with Period(s) Ending 4/30/07 and after; the amount of penalty due is based on the number of days the payment is late per NAC 360.395 (see table below). The maximum penalty amount is 10%.

Number of days late	Penalty Percentage	Multiply By
1-10	2%	0.02
11-15	4%	0.04
16 - 20	6%	0.06
21- 30	8%	0.08
31 +	10%	0.1

- Line 12. Interest Note 7/1/2011 interest rate change: To calculate interest for each month late after 7/1/2011, multiply Line 10 x 0.75% (or .0075). To calculate interest for each month late from 7/1/1999 through 6/30/2011, multiply Line 10 x 1% (or .01).
- Line 13. Previous Debits - Enter only those liabilities that have been established for prior quarters by the Department and for which you have received a liability notice.
- Line 14. Total Amount Due -Total lines 10 through line 13 and enter amount due.
- Line 15. Amount Paid - Enter the amount remitted with return.
- Line 16. Carry Forward - If line 5 is less than zero enter figure here. This amount will be carried forward to the next quarter (offset).

GENERAL INFORMATION:

Who Must File: Every employer who is subject to the Nevada Unemployment Compensation Law (NRS 612) except for non-profit 501(c) organizations, Indian tribes, and political sub-divisions.
A copy of the form NUCS 4072, as filed with Nevada Employment Security Division, does not need to be included with the original return, but should be available upon request by the Department. Businesses that have ceased doing business (gone out of business) in Nevada must notify the Employment Security Division and the Department of Taxation in writing, the date the business ceased doing business. The Department will send written notice when a credit request has been processed and the credit is available for use/refund.