Nevada Department of Taxation
Nevada Commerce Tax Return

Form TXR-030.01

Business Entity NAICS code category: Choose:

Tax ID No

For the taxable year

through

Business Entity legal name

Business Entity address

☐ I declare that the Gross Revenue from engaging in business in Nevada of the above Business Entity did not exceed $4,000,000 during the taxable year.

IF THE BOX ABOVE IS CHECKED, SKIP LINES 1 THROUGH 35

☐ Final return ☐ Amended return ☐ Alternative situsing method ☐ Estimates used

Sitused to Nevada	**Gross Revenue from engaging in business in Nevada**			
	1	Sale of inventory	1	
	2	Service performance	2	
	3	Rents, royalties and leases	3	
	4	Interest income from credit sales and loans	4	
	5	Damages received from litigation for loss of business income	5	
	6	Insurance proceeds for loss of business income	6	
	7	Forgiven debt	7	
	8	Other revenue	8	
	9	Total Gross Revenue (Line 1 through Line 8)	9	
	10	Less $4,000,000 Threshold	10	(4,000,000.00)
	11	Adjusted Gross Revenue (Line 9 less Line 10)	11	
	IF LINE 11 IS ZERO OR LESS, GO TO LINE 29 AND INPUT ZERO			
To the extent included in revenue	**General Business Deductions**			
	12	Returns and refunds to customers	12	
	13	Bad debt	13	
	14	Distributions required by fiduciary duty or law	14	
	15	Distributions under certain written contracts	15	
	16	Reimbursement of certain expenses and advances from clients	16	
	17	Taxes collected from 3rd party and remitted to taxing authority	17	
	18	Other deductions	18	
	Industry Specific Deductions			
	19	Employee leasing deduction	19	
	20	Gaming deduction	20	
	21	Health care provider deduction	21	
	22	Insurance deduction	22	
	23	Liquor tax deduction	23	
	24	Mining deduction	24	
	25	US Armed Forces housing deduction	25	
	26	Total Deductions (Line 12 through Line 25)	26	
	27	Nevada Taxable Revenue (Line 11 less Line 26, but not less than $0)	27	
	28	Tax rate per NAICS code category	28	
Tax liability	29	Commerce Tax due	29	
	30	Plus penalty	30	
	31	Plus interest	31	
	32	Plus liability established by Department	32	
	33	Less credit(s) approved by Department	33	
	34	Total amount due and payable (Line 29 through Line 33) 35	34	
		Amount remitted with the return	35	

☐ Under penalty of perjury, I certify that I have examined this return and to the best of my knowledge and belief it is true, correct and complete.

Business Entity authorized representative's signature:		Phone number:	
Name and title:		Date:	

For Department use only

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