

Nevada Department of Taxation

Nevada Commerce Tax Return

For the taxable year through
 Tax ID No NAICS code
 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 \$2,000,000 during the taxable year.

Final return Amended return Alternative situsing method Estimates used

Gross Revenue from engaging in business in Nevada				
Sitused to 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 <input type="text"/>	8	
	9	Total Gross Revenue (Line 1 through Line 8)	9	
10	Less \$4,000,000 Threshold	10		(\$4,000,000)
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 3 rd party and remitted to taxing authority	17	
	18	Other deductions <input type="text"/>	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)	27	
28	Tax rate per NAICS code	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)	34	
35	Amount remitted with the return	35		

Business entity authorized representative's signature:	<input type="text"/>	Phone number:	<input type="text"/>
Name and title:	<input type="text"/>	Date:	<input type="text"/>

BARCODE	For Department use only
---------	-------------------------