

NEVADA DEPARTMENT OF TAXATION
CONSUMER USE TAX RETURN

Certificate No.: 002-

Mail Original To:
 Nevada Department of Taxation
 PO Box 7165
 San Francisco, CA 94120-7165

IF POSTMARKED AFTER DUE
 DATE, PENALTY AND INTEREST
 WILL APPLY

For Department Use Only

Due on or before:

For Quarter ending:
 Due on or before: _____

**IF POSTMARKED AFTER DUE DATE,
 PENALTY AND INTEREST WILL APPLY
 IF LATE, ENTER NUMBER OF MONTHS _____** see instructions

If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER AMOUNTS IN COUNTY OF USE	AMOUNT SUBJECT TO USE TAX	TAX RATE	CALCULATED TAX
TAX CALCULATION FORMULA	COLUMN A	X COLUMN B	= COLUMN C
01 CHURCHILL			
02 CLARK			
03 DOUGLAS			
04 ELKO			
05 ESMERALDA			
06 EUREKA			
07 HUMBOLDT			
08 LANDER			
09 LINCOLN			
10 LYON			
11 MINERAL			
12 NYE			
13 CARSON CITY			
14 PERSHING			
15 STOREY			
16 WASHOE			
17 WHITE PINE			
TOTALS			

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.

RETURN MUST BE SIGNED

 SIGNATURE OF TAXPAYER OR AUTH. AGENT

 TITLE PHONE NUMBER (WITH AREA CODE)

 FEDERAL TAX IDENT NO. DATE

18. TOTAL CALCULATED TAX (COLUMN C)	18.	
19. ENTER COLLECTION ALLOWANCE (0.5% OF LINE 18 IF TIMELY, 0% IF LATE)	19.	
20. NET TAXES (LINE 18 MINUS LINE 19)	20.	
21. PENALTY (10% OF LINE 20)	21.	
22. INTEREST (1% OF LINE 20) FOR EA. MO. OR PART OF MO. PAST DUE	22.	
23. PLUS LIABILITIES ESTABLISHED BY THE DEPARTMENT	23.	
24. LESS CREDIT(S) APPROVED BY THE DEPARTMENT	24.	
25. TOTAL AMOUNT DUE AND PAYABLE	25.	
26. TOTAL AMOUNT REMITTED WITH RETURN	26.	

MAKE CHECKS PAYABLE TO NEVADA DEPARTMENT OF TAXATION

CONSUMER USE TAX RETURN
 TXR-02.01
 Revised 12/09/15

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Consumer Use Tax Return'. Your email, including attachments, cannot exceed 10 MB.

CONSUMER USE TAX RETURN INSTRUCTIONS

COLUMN A. Amount subject to Use Tax: Enter total purchases subject to use tax on appropriate county line. All purchases of tangible personal property on which no Nevada sales tax has been paid must be entered here.

COLUMN C. Calculated Tax: Multiply taxable amount(s) (Column A) by tax rate(s) (Column B) and enter in Column C.

Note: If you have a contract exemption, give contract exemption number.

TOTALS: Enter total amount of Column A.

LINE 18. Total calculated tax from column C

LINE 19. Collection allowance: Compute $1/2\%$ (or $.005$) X Line 18 if return and taxes are paid as postmarked on or before the due date as shown on the face of the return. If not postmarked by the due date the collection allowance is not allowed.

LINE 20. Net Taxes Due: Subtract Line 19 from Line 18.

LINE 21. If this return will not be postmarked, and the taxes paid on or before the due date as shown on the face of this return, a 10% penalty will be assessed. Enter 10% (or $.10$) times Line 20.

LINE 22. If this return will not be postmarked and the taxes paid on or before the due date as shown on the face of this return, enter 1.5% times line 20 for each month or fraction of a month late, prior to 7/1/99. After 7/1/99, use 1% for each month or fraction of a month late.

LINE 23. Enter any amount due for prior reporting periods for which you have received a Department of Taxation debit notice. Monthly notices received from the Department are not cumulative.

LINE 24. Enter amount due to you for overpayment made in prior reporting periods for which you have received a Department of Taxation credit notice. Monthly 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.

LINE 25. Total Taxes Due and Payable: Add Line 20, 21, 22, and 23. Subtract amount on Line 24. Enter total.

LINE 26. Total Amount Remitted: Enter total amount paid with this return.

PLEASE COMPLETE THE SIGNATURE PORTION OF THE RETURN AND RETURN IN THE ENVELOPE PROVIDED.

If you have questions concerning this return, please call the Departments Call Center at (866) 962-3707