Print Form

NEVADA DEPARTMENT OF TAXATION

TID No:001-TX- _____ - _____

TOURISM IMPROVEMENT DISTRICT SEMI-ANNUAL REPORT

This report is for use by businesses located or doing business in a Tourist Improvement District (STAR Bond District). If you are not located within or doing business in a Tourism Improvement District please notify the Department of Taxation.

For Department Use Only

Return for semi-annual period ending 12312014

Due on or before

If the name or address as shown is incorrect, if the ownership or business location has changed, or if you are out of business, notify a Nevada Department of Taxation District Office immediately.

	TAXABLE SALES	% OF SALES FROM NON-RESIDENTS	GROSS WAGES PAID	NUMBER OF EMPLOYEES	
				FULL TIME	PART TIME

I HEREBY CERTIFY THAT THIS FORM HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT AND COMPLETE.

SIGNATURE OF TAXPAYER OR AUTHORIZED AGENT

TITLE PHONE NUMBER (WITH AREA CODE)

DATE

MAIL ORIGINAL TO:

STATE OF NEVADA - STAR BOND
1550 COLLEGE PKWY #115
CARSON CITY, NV 89706