



STATE OF NEVADA
DEPARTMENT OF TAXATION
TOURISM IMPROVEMENT DISTRICT
SEMI-ANNUAL REPORT

SUT: - -
 Return for Period Ending:
 Due on or Before:
 Date Paid:

Business or Individual's Name			
Mailing Address			
City, State, Zip			

Mail Returns to: State of Nevada - Star Bond
 3850 Arrowhead Drive
 Carson City, NV 89706

This return can be filed on the Department of Taxation's e-services website at <https://mynevntax.nv.gov/> and all calculations will be performed for you.

Make checks payable to: Nevada Department of Taxation

Check this box if this is an amended return for the specified filing period

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

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 AUTHORIZED AGENT

TITLE PHONE NUMBER (WITH AREA CODE)

FEDERAL TAX ID NUMBER (EIN OR SSN) DATE