

# NEVADA DEPARTMENT OF TAXATION

## One-Time CIGARETTE Excise Tax Return

If sales are made, this form must be completed and submitted to the Department of Taxation with payment **no later than the 25th of the month following the event.**

**Mail Completed Return With Payment To: Nevada Department of Taxation, 3850 Arrowhead Drive, Carson City NV 89706 or you can file and pay by going to <https://myntax.nv.gov/>.**

### EVENT INFORMATION

Location of Event:	Date(s) of Event:
Name of Event:	

### ATTENDEE INFORMATION

Business Name:	
Doing Business As:	
Business Address:	
Business Phone#:	Business FID#:

### CIGARETTE EXCISE TAX

<b>1</b>	Total Pack Count 20s:	
<b>2</b>	Total Pack Count 25s:	
<b>3</b>	Calculated Cigarette Excise Tax 20s (Line 1 x \$1.80):	
<b>4</b>	Calculated Cigarette Excise Tax 25s (Line 2 x \$2.25):	
<b>5</b>	<b>Total Cigarette Excise Tax Due (Line 3 + Line 4):</b>	

### INSTRUCTIONS

**Pursuant to Nevada Revised Statutes (NRS) 370.165, cigarettes are subject to an excise tax of 180 Cents a 20 pack and 225 Cents a 25 pack.**

**Line 1:** Enter the total count of all packs of 20 cigarettes sold during the event in which a Nevada revenue tax stamp was not affixed to the package or container of cigarettes.

**Line 2:** Enter the total count of all packs of 25 cigarettes sold during the event in which a Nevada revenue tax stamp was not affixed to the package or container of cigarettes.

**Line 3:** Calculate the Cigarette excise tax for 20s by multiplying Line 1 by 180 Cents (\$1.80).

**Line 4:** Calculate the Cigarette excise tax for 25s by multiplying Line 2 by 225 Cents (\$2.25).

**Line 5: Enter the Total Cigarette Excise Tax Due by adding Line 3 and Line 4.**

If payment is by check or money order, please make it payable to the Nevada Department of Taxation for the full amount of Cigarette excise tax due.

### REQUIRED AUTHORIZED SIGNATURE

By signing below, the person acknowledges that he/she is the person authorized to act on behalf of the above stated business and that all information contained on this form, including any accompanying schedules and statements, has been examined and to the best of his/her knowledge and belief is a true and correct return.

Name of Authorized Representative:		
Title:	Phone #:	Date:
Signature:		