



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			

This return can be filed on My Nevada Tax at <https://MyNVTax.nv.gov> and all calculations will be performed for you.

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

Make checks payable to: Nevada Department of Taxation

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

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