



**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 My Nevada Tax at <https://MyNVTax.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