COMBINED SALES AND USE TAX RETURN

Mail to: Pyramid Lake Paiute Tribe
Tax Department
P.O. Box 256
Nixon, NV 89424

___ Check if you are out of business and this is your final RETURN. If final, indicate your new and correct mailing address.
SUCCESSOR_____

IF THE NAME OR ADDRESS AS SHOWN IS INCORRECT, OR IF THE OWNERSHIP OR BUSINESS LOCATION HAS CHANGED, OR IF YOU ARE NO LONGER IN BUSINESS NOTIFY THE PYRAMID LAKE TAX DEPARTMENT IMMEDIATELY.

Please include copies of ALL invoices.

Account Number: _____

For Period Ending: _____

This return is due on or before: _____

Column A or B x C = D

	A Sales Tax	B Use Tax	C Tax Rate	D Calculated Tax
Gross Sales				
Non-Taxable Sales				
Taxable Sales			8.265%	

I hereby certify that this return including any accompanying schedules and statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.
PLTC REQUIRES RETURN MUST BE SIGNED

_____
SIGNATURE OF TAXPAYER OR AUTHORIZED AGENT

_____ _____
TITLE PHONE NUMBER (WITH AREA CODE)

_____ _____
FEDERAL TAX IDENT. NO. DATE

_____ 1. Total Cal. Tax (Column D)
_____ 2. Collect Allowance (1.5% x line 1)
_____ 3. Net Taxes (Line 1 minus line 2)
_____ 4. Penalty 5% - 30 days past due
_____ 5. Penalty 10% - 60 days past due
_____ 6. Penalty 20% - 90 days past due
_____ 7. Plus debits from prior periods
_____ 8. Less credits from prior periods
_____ 9. Total taxes due and payable
_____ 10. Total amount remitted with return

THIS RETURN MUST BE FILED EVEN THOUGH NO TAX IS DUE.

FOR OFFICE USE ONLY	
AMOUNT:	
CHECK#:	
DATE:	
ACCT CODE:	
NOTES:	