TAX RETURN

BUSINESS PRIVILEGE
PUBLIC UTILITY ROOM SURTAX
TRANSIENT RENTAL

City of Tucson / Finance Department
Revenue Division / License Section
255 W. Alameda
Tucson, AZ 85701
(520) 791-4566

CITY LICENSE NO.		
PERIOD COVERED		
FROM	THROUGH	
CYCLE		
OFFICE USE		
a	b	c

SPECIAL NOTICE

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THIS RETURN MUST BE FILED WHETHER OR NOT ANY TAX IS DUE.

THIS RETURN IS DUE ON THE 20th OF THE MONTH FOLLOWING THE PERIOD IN WHICH TAXES ARE DUE.

Business Activity	Line	Activity #	Column I Gross	Column 2 Allowable pg 2 - Deductions	Column 3 = Net Taxable	Column 4 x Tax Rate	Column 5 = Tax Amount
RESTAURANTS	1	11				2.00%	
	2						
	3						
*If you have one activity, fill in the amount in Column 5. If you have more than one, fill out Schedule B on Page 2.	4	SUBTOTAL (Add Col. 5. Lines 1 through 3)					
	5	ENTER EXCESS CITY TAX COLLECTED*				Plus(+)	
	6	SUBTOTAL (Add lines 4 and 5)				Equals (=)	
	7	PENALTY & INTEREST (see Instruction Sheet)*				Plus (+)	
	8	SUBTOTAL (Add lines 6 and 7)				**Equals** (=)	
	9	ENTER CREDIT BALANCE TO BE APPLIED (attach Notice of Credit)*				**Minus(-)**	
	10	ENTER NET AMOUNT DUE (Subtract line 9 from line 8)				**Equals (=)**	
	11	ENTER TOTAL AMOUNT PAID					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

A SIGNATURE IS REQUIRED TO MAKE THIS RETURN VALID.

Taxpayer's Signature | **Date** | **Paid Preparer's Signature**

Print Name | **Phone #** | **Print Paid Preparer's Name**

RETURN IS DUE ON THE 20th OF THE MONTH FOLLOWING THE REPORTING PERIOD AND DELINQUENT IF NOT RECEIVED BY THE LAST BUSINESS DAY OF THE MONTH. POSTMARKS ARE NOT REGARDED AS EVIDENCE OF DATE RECEIVED.

Make check payable to: City of Tucson
Return original with remittance in envelope provided to: Collections P.O. Box 27320 ** Tucson, AZ 85726**

Or pay in person at: Collections ** 255 W. Alameda, 1 st floor (City Hall). Overnight deliveries should also be sent to this address.

FOR ADDITIONAL COPIES OF THIS FORM & WRITTEN INSTRUCTIONS, PLEASE SEE OUR WEBSITE: http://www.ci.tucson.az.us/finance
OR CALL THE BUSINESS LICENSE SECTION FOR ASSISTANCE: (520) 791-4566.

SCHEDULE A - DETAILS OF DEDUCTIONS: Enter below the deductions and exclusions you used in computing your city business privilege tax. You must keep a detailed record of all deductions and exclusions. Failure to maintain proper documentation and records required by city ordinance may result in their disallowance. A separate detail of city records and documentation must be maintained only when the income, deductions or exemptions are different from the states.

NOTE: The numbers listed at the top of these columns correspond with the line number for business activity on the front.

BUSINESS NAME:		LICENSE #:		REPORT PERIOD:	
SCHEDULE A					
RESTAURANTS 11					
COLUMN 1		**COLUMN 2**		**COLUMN 3**	
EXEMPT HOSPITAL 14					
LABOR/SERVICE 16					
WHLSALE/RESALE 17					
DISC & REFUND 18					
BAD DEBTS 20					
TAX COLLECTED 22					
DMAFB 29					
DLVRY/FRGHT OUT 30					
TOTAL DEDUCTIONS:		**TOTAL DEDUCTIONS:**		**TOTAL DEDUCTIONS:**	

SCHEDULE B - MULTIPLE ACTIVITIES. You MUST complete this schedule if you are reporting for more than one activity even if you are reporting zero tax due.

		SCHEDULE B							
		RESTAURANTS 11						**Total**	
	LINE	**COLUMN 1**		**COLUMN 2**		**COLUMN 3**		**COLUMN 4**	
Tax Amount from Column 5-Page 1.	**1**								
Add Excess City Tax Collected	**2(+)**								
Add Penalty & Interest	**3(+)**								
Subtract Credit balance to be applied	**4(-)**								
Total Due	**5**								

Compute a Total Due for each activity, enter this amount in Line 5. Add together the amounts in COLUMNS 1, 2, and 3 for each line and put the total in COLUMN 4. Copy the totals in COLUMN 4 into the appropriate box on the first page in COLUMN 5.