

** PLEASE USE BLUE OR BLACK INK **



City of Tucson
License Section
255 W. Alameda
Tucson, AZ 85701
(520) 791-4566

Tax Return

Privilege, Use, Public Utility,
Room Surtax, Transient Rental

Make Check Payable to: City of Tucson
Mail to: City of Tucson, Collections,
PO Box 27320, Tucson, AZ 85726



CITY LICENSE NO.	
0 0 0 0 0 0 5	
PERIOD ENDING	
0 5 / 1 5	
CYCLE	MTH
Office Use	

Mixture of MRRA and Prime Contracting Jobs
Taxes on materials not paid to vendor when purchased.

EXAMPLE 5

THIS RETURN IS DUE ON
THE 20TH OF THE MONTH

Complete Both Sides of Form			Column 1	Column 2	Column 3	Col. 4	Column 5
Line	Business Activity	Bus. Class Code	Gross Receipts / Use Taxable Purchases	From Sch A on back - Deductions	= Net Taxable	X Tax Rate	= Tax Amount
1	Use Tax	99		N/A	0		0
2	Contracting	15	1 0 5 7 3 0 2 3	4 9 1 1 8 6 9	5 6 6 1 1 5 4	2.00%	1 1 3 2 2 3
3	Retail Sales	17	7 5 0 0 0	0	7 5 0 0 0	2.00%	1 5 0 0
4				0	0	0	0
5	ENTER EXCESS CITY TAX COLLECTED (From SCHEDULE C on the back)				Plus (+)		0
6	TOTAL TAX DUE (Add lines 1 through 5)				Equals (=)		1 1 4 7 2 3
7	PENALTY AND INTEREST (See instructions below)				Plus (+)		
8	ENTER TOTAL LIABILITY (Add lines 6 plus 7)				Equals (=)		1 1 4 7 2 3
9	ENTER CREDIT BALANCE TO BE APPLIED (From SCHEDULE B on back)				Minus (-)		0
10	ENTER NET AMOUNT DUE (Subtract line 9 from line 8)				Equals (=)		1 1 4 7 2 3
11	Enter Total Amount Paid						1 1 4 7 2 3

Under penalties of perjury, I declare I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. The declaration of the paid preparer is based upon all information of which the preparer has any knowledge.

Taxpayer's Signature	Today's Date	Paid Preparer's Signature
Printed Name	Phone Number	Printed Paid Preparer's Name

A SIGNATURE IS REQUIRED TO MAKE THIS RETURN VALID
Return original with remittance in envelope provided, or pay in person at 255 W. Alameda, 1st Floor (City Hall). Overnight deliveries should also be sent to this address.

- PENALTIES:**
- Failure to file – A penalty of 5% of the tax due will be assessed for each month, or fraction thereof, elapsing between the delinquency date of the return and the date received.
 - Failure to Pay – A penalty of 10% of any unpaid tax will be assessed if the tax due is not paid on or before delinquency date.
 - Total Penalty – Combined Failure to File and Failure to Pay penalties assessed will not exceed 25%.

INTEREST: Taxes unpaid after the delinquency date will be assessed interest at the current rate per month until paid. Interest may not be waived or abated.

TR0712



SCHEDULE A – Details of Deductions: All deductions and exemptions used in computing City transaction privilege tax must be entered below. Detailed records supporting all deductions and exemptions claimed must be maintained. Failure to maintain supporting records may result in the disallowance of claimed amounts.
 Please note: Not all deductions are available for all business classifications.
SCHEDULE B – Credit Details: List credits to be used with this return. Documentation must be attached.
SCHEDULE C – Excess Tax Collected: List the excess tax collected by taxable activity.

NOTE: The line numbers at the top of each column below correspond with the line numbers on the front page.

SCHEDULE A Deduction Description		Debit Code	Line 2 Business Class Code	Line 3 Business Class Code	Line 4 Business Class Code
US Government		10			
Exempt Hospital		14			
Out-of-State Sales		15			
Retail Service Labor		16			
Sales for Resale		17			
Discount and Refunds		18			
Trade-In Allowance		19			
Bad Debts (on which tax was paid)		20			
Motor Fuel		21			
Tax Collected or Factored		22			
Food for Home Consumption		23			
Capital Equipment		24			
Prescriptions / Prosthetics		25			
DMAFB		29			
Delivery / Freight-Out		30			
Code 20 Tax-PUT		36			
Other (Explain) MRRA			5 0 5 0 0 0		
Transient Rental					
Over 30 Days		28			
Bed Tax (\$1) Amount		37			
Construction Contracting					
Out-of-City Contracting		01	9 0 0 0 0 0		
Land Original Cost		02			
Subcontracting Income		03			
Tax Collect/Factored		04	4 5 8 5 5 5		
35% Standard Contracting		05	3 0 4 8 3 1 4		
TOTAL DEDUCTIONS (Copy to Front)			4 9 1 1 8 6 9	0	0
SCHEDULE B Credit Details (must attach documentation)					
1. Accounts Receivable Credit	B				
2. Speculative Builder Credit for City Taxes Paid by the Contractor	B				
Total Schedule B (copy total to front, line 8)					0
SCHEDULE C Excess Tax Collected					
Excess Tax by Taxable Activity	C				
Total Schedule C (copy total to front, line 5)					0