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## CITY OF FLAGSTAFF TRANSACTION PRIVILEGE (SALES) TAX RETURN PO BOX 22518 FLAGSTAFF, AZ 86002-2518

Print Name Phone *				e **		Print Paid			id Preparer's Name			
Taxpayer's Signature Date					Pai	d Preparer's Sig	nature		-			
Under penalties of perju Declaration of preparer									true, c	orrect and co	omplete.	
11 ENTER TOTAL AMOUNT PAID						to all all all and a second and a second physician and a		Annual Annua			\$ 602	35
	10	ENTER I	VET A	AMOUNT DUE		APPLIED			_	Equals (=)	\$ 0	00
	9	ENTER (	CRED	IT BALANCE T	ГО ВЕ				_	Minus (-)	\$ 0	00
				NTEREST (see	L (Add Column 5, Lines 1 Through 6)				Plus (+)	\$ O	00	
									Equals (=)	\$ 602	35	
										Plus (+)	\$ 0	00
5 TOTAL FROM ADDITIONA					NAL PAGES						\$ 0	00
	4					1		1		0.000%	1	
Specialty Trade Cont	3	1700	01	\$ 7,000	00	\$ 2,000	00	\$ 5,000	00	1.721%	\$ 86	05
Commercial Constru	2	1600	01	\$ 30,000	00	\$ 10,000	00	\$ 20,000	00	1.721%	\$ 344	20
Residential Construc	1	1500	01	\$ 20,000	00	\$ 10,000	00	\$ 10,000	00	1.721%	\$ 172	10
Business Description	Line	Bus. Class	Sfx	Gross Incom	е	Less: Deductions		= Taxable Inco	me	x Tax Rate %	= Tax Am	ount
	т	r		Calumn 1		Column 2		Column 3		Column 4	Column	5
Check Box and sign a			ncom	e to report,			addre	business ha				
Business Description Example Sue's Construction - Current Return					Check box and sign at bottom to cancel your license. Reason:  Effective Date:					<u> </u>		
						Check box to of mailing a business loc	ddres	re a form sen s ONLY. No o	t for chang	a change ge to actu	al [	
REPORT PERIOD DELINQUENT IF NO	T REC	EIVED BY:	****			of business	locat	ion.				
CITY LICENSE NO.	-					Contraction of the Contraction o		e a form sen			Т	
THURS !						I THIS	RETU	RN IS DUE ON	THE	20TH OF TH	IE MONTH	

THIS RETURN MUST BE FILED EVEN IF YOU HAVE NO TAXES TO REPORT Return original with remittance in envelope provided.

Please make check payable to CITY OF FLAGSTAFF and include city tax license number on your check PLEASE DO NOT STAPLE OR TAPE PAYMENT TO YOUR RETURN, DO NOT SEND CASH.

\$ 602.35



13

Enter Total Amount Paid

City of Flagstaff - Sales Tax Division

211 West Aspen Ave. Flagstaff, AZ 86001

www.flagstaff.az.gov Phone: (928) 213-2250 Fax: (928) 213-2209 E-mail: SalesTax@flagstaffaz.gov

## **Business Description Example** Sue's Construction- New Return

## City of Flagstaff

Transaction Privilege (Sales) Tax Return

Account Name:		
Account#	Report Period	Delinquency Date
	s due on the 20th of t aid by the last busine	the month.

Return this form with your remittance to:

Place a check here and sign at the bottom if you do not have taxes to report and remit.

Equals (=)

CITY OF FLAGSTAFF PO BOX 22487 FLAGSTAFF AZ 86002-2487

		]	Column 1	Column 2	Column 3	Column 4	Oakses 5
Line	Tax Description	Тах Туре	Gross Income	(From Schedule A)  — Deductions	= Taxable Income	X Tax Rate	Column 5 = Tax Due
1	Contracting	15	57,000.00	22,000.00	35,000.00	1.7210%	602.35
2			0.00	0.00	0.00	0.0000%	0.00
3			0.00	0.00	0.00	0.0000%	0.00
4			0.00	0.00	0.00	0.0000%	0.00
5			0.00	0.00	0.00	0.0000%	0.00
6			0.00	0.00	0.00	0.0000%	0.00
7	7 Subtotal (Add Column 5, lines 1 through 6)						602.35
8	Enter Total Excess City Tax Collected						
9	Total Tax Due (Add Column 5, lines 7 & 8)						602.35
10	Penalty and Interest (See Instructions on Back of Form) or Outstanding Balance						
11	Enter Net Amount Due						602.35
12	Enter Total Credit Balance to be Applied						

Under penalty 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 preparer has any knowledge.

Taxpayer / Preparer Signature	Date	To cancel your license or to make any	
		changes to your account, check the box and complete the back of this form.	
Print Name	Phone #		10

A SIGNATURE IS REQUIRED TO MAKE THIS RETURN VALID

Return original with remittance to the address above. Please make check payable to: CITY OF FLAGSTAFF Please DO NOT mail cash.