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

City of Flagstaff
Transaction Privilege (Sales) Tax Return

Account Name:		
Account #	**Report Period**	**Delinquency Date**
Return is due on the 20th of the month. Delinquent if not paid by the last business day of the month.		

Business Name

Attention

Mailing Address

City/State/Zip

Return this form with your remittance to:

CITY OF FLAGSTAFF
PO BOX 22518
FLAGSTAFF AZ 86002-2518

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

			Column 1	Column 2	Column 3	Column 4	Column 5
Line	**Tax Description**	**Tax Type**	**Gross Income**	**(From Schedule A) – Deductions**	**= Taxable Income**	**X Tax Rate**	**= Tax Due**
1						0.0000%	
2						0.0000%	
3						0.0000%	
4						0.0000%	
5						0.0000%	
6						0.0000%	
7	Subtotal (Add Column 5, lines 1 through 6)						0.00
8	Enter Total Excess City Tax Collected					Plus (+)	
9	Total Tax Due (Add Column 5, lines 7 & 8)					Equals (=)	0.00
10	Penalty and Interest (See Instructions on Back of Form) or Outstanding Balance					Plus (+)	
11	Enter Net Amount Due					Equals (=)	0.00
12	Enter Total Credit Balance to be Applied					Minus(-)	
13	Enter Total Amount Paid					Equals (=)	$ 0.00

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 #

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.

VALIDATE ALL CALCULATIONS ARE CORRECT BEFORE SUBMISSION.

THE CITY OF FLAGSTAFF IS NOT RESPONSIBLE FOR INCORRECT CALCULATIONS ON THIS FORM.

Account #: 0 **City of Flagstaff Transaction Privilege (Sales) Tax Return (Page 2)** Report Period:

INSTRUCTION AND DEDUCTION EXPLANATIONS

DUE DATE: Tax returns are due on the 20th of the month following the reporting period. A return must be submitted even if no taxes are due. Tax returns are considered delinquent if not received by the last business day of the month.

POSTMARKS ARE NOT EVIDENCE OF TIMELY FILING

PENALTIES: Late Filing Penalty - A penalty of 5% of the tax due will be assessed for each month, or fraction of a month, between the deliquency date of the return and the date on which it is filed.
Late Payment Penalty - A penalty of 10% of the unpaid tax will be assessed if the tax is not paid timely.
Total Penalty - Total penalties will not exceed 25%

INTEREST: Taxes unpaid after the delinquency date are assessed interest at the same rate in effect for the Arizona Department of Revenue. Any outstanding interest is compounded annually on January 1. Interest CAN NOT be abated by the Tax Collector.

Tax Type	Activity	Allowable Deduction Codes
1	Transportation	52,53,57,64,75
2	Mining	52-54,57,64,74,75
4	Utilities	52-54,57,64,65,75
5	Telecommunications	52-54,57,62,64,66,75
9	Publishing	52-54,55,57,64,65,69,75
10	Job Printing	52-55,57,64,65,74,75

Tax Type	Activity	Allowable Deduction Codes
11	Restaurants/Bars	52,53,57,64,65,74,75
12	Amusements	52,53,57,64,75
13	Commercial Property Rental	52-54.57,64,65,75
14	Personal Property Rental	52-55,57,58,62-65,73-75
15	Contracting	52-53,55,57,62,64,70-71,75
17	Retail Sales	51-59,63-65,73-75

Tax Type	Activity	Allowable Deduction Codes
18	Advertising	52,53-55,57,62,64,69,75
25	Hotel/Motel	52,53,57,64,75
31	Cable Franchise	52-54,57,64,75
32	Natural Gas Franchise	52-54,57,64,65,75
33	Telecom Franchise	52-54,57,62,64,66,75
34	Electric Franchise	52-54,57,64,65,75
35	Bed, Board, and Booze	52,53,57,64,65,7475

SCHEDULE A - DEDUCTIONS

Enter the deductions and exclusions you used in computing your City Transaction Privilege (Sales) 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 than the state's. The table above is a guide for allowable deductions and should not be construed to be complete or all encompassing.

Note: The line numbers listed at the top of the columns listed below correspond with the line number for tax type on the front.

Deduction Code & Description	Line 1 Tax Type: 0	Line 2 Tax Type: 0	Line 3 Tax Type: 0	Line 4 Tax Type: 0	Line 5 Tax Type: 0	Line 6 Tax Type: 0
51 - Exempt Food Sales						
52 - Discounts Allowed (If Included in Gross)						
53 - Refund and Returns (If Included in Gross)						
54 - Sales for Resale						
55 - Out-of-State Sales						
56 - 50% of Retail Sales to US Government						
57 - Bad Debt on Which Tax Was Paid						
58 - Prescriptions/Prosthetics						
59 - Gasoline and Use Fuel Sales						
62 - Out-of-City Sales						
63 - Service Labor						
64 - Privilege (Sales) Tax Factored or Collected						
65 - Qualifying Healthcare Sales						
66 - Interstate Telecommunications						
69 - National Advertising						
70 - 35% Construction Contracting						
71 - Subcontracting Income						
73 - Exempt Capital Equipment						
74 - Freight Out/Delivery Charges						
75 - Other:						
75 - Other:						
Total Deductions (Move to Column 2 on Front Page)	0.00	0.00	0.00	0.00	0.00	0.00

Change in Status

Account	0	Effective Date of Change:	
My business name has changed to:			
My business has moved to:			
My mailing address has changed to:			
My new location is rented.	Landlord name:	Landlord number:	
	Landlord mailing address:		
My phone number changed.	New business phone number:	New mailing phone number:	
Please send a new license application for the following reason:	☐ The ownership of my business has changed to: _____ ☐ I have another location in Flagstaff: _____		
Please cancel my license for the reason noted:			