



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

CITY LICENSE NO.
REPORT PERIOD
<b>THIS RETURN IS DUE ON THE 20TH OF THE MONTH DELINQUENT IF NOT RECEIVED BY:</b>

Check box to have a form sent for a change of business location.	<input type="checkbox"/>
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Check box to have a form sent for a change of mailing address ONLY. No change to actual business location.	<input type="checkbox"/>
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Check box and sign at bottom to cancel your license. Reason: _____	<input type="checkbox"/>
Effective Date: _____	

Check box if your business has been sold. Give name, address & phone number of new owner. _____	<input type="checkbox"/>
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BBB Filing Example

Frank's Hotel and Restaurant- Current Return

<input type="checkbox"/> Check Box if there is no income to report, and sign at bottom.
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Business Description	Line	Bus. Class	Sfx	Column 1 Gross Income	Column 2 Less: Deductions	Column 3 = Taxable Income	Column 4 x Tax Rate	Column 5 = Tax Amount	
Restaurants	1	5820	01	10000.00	2000.00	8000.00	3.721%	669.78	
Full Service Hotel	2	7018	01	20000.00	4000.00	16000.00	3.721%	967.46	
	3								
	4								
	5	TOTAL FROM ADDITIONAL PAGES							893.04
	6	ENTER EXCESS CITY TAX COLLECTED						Plus (+)	
	7	<b>GRAND TOTAL</b> (Add Column 5, Lines 1 Through 6)						Equals (=)	893.04
	8	PENALTY & INTEREST (see instructions)						Plus (+)	
	9	ENTER CREDIT BALANCE TO BE APPLIED						Minus (-)	893.04
	10	ENTER NET AMOUNT DUE						Equals (=)	
	11	ENTER TOTAL AMOUNT PAID							893.04

Under penalties of perjury, I declare that I have examined this return 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's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Paid Preparer's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Print Paid Preparer's Name

**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.**

[www.flagstaff.az.gov](http://www.flagstaff.az.gov)



**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.		

BBB Filing Example

Frank's Hotel and Restaurant- New Return

Return this form with your remittance to:

CITY OF FLAGSTAFF  
 PO BOX 22487  
 FLAGSTAFF AZ 86002-2487

Place a check here and sign at the bottom if you do not have taxes to report and remit.	<input type="checkbox"/>
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Line	Tax Description	Tax Type	Column 1 Gross Income	Column 2 (From Schedule A) - Deductions	Column 3 = Taxable Income	Column 4 X Tax Rate	Column 5 = Tax Due	
1	Restaurants/Bars	11	10,000.00	2,000.00	8,000.00	1.7210%	137.68	
2	Hotel/Motel	25	20,000.00	4,000.00	16,000.00	1.7210%	275.36	
3	Bed, Board, and Booze (BBB)	35	30,000.00	6,000.00	24,000.00	2.0000%	480.00	
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	Subtotal (Add Column 5, lines 1 through 6)							893.04
8	Enter Total Excess City Tax Collected						Plus (+)	
9	Total Tax Due (Add Column 5, lines 7 & 8)						Equals (=)	893.04
10	Penalty and Interest (See Instructions on Back of Form) or Outstanding Balance						Plus (+)	
11	Enter Net Amount Due						Equals (=)	893.04
12	Enter Total Credit Balance to be Applied						Minus(-)	
13	Enter Total Amount Paid						Equals (=)	\$ 893.04

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
_____ Print Name	_____ Phone #

To cancel your license or to make any changes to your account, check the box and complete the back of this form.	<input type="checkbox"/>
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**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.