



OPERATOR'S MONTHLY ROOM LICENSE TAX RETURN

A PENALTY OF \$100.00 OR 10% OF GROSS TAX, WHICHEVER IS GREATER, WILL BE APPLIED TO ALL DELINQUENT RETURNS.
 INTEREST IN THE AMOUNT OF 1 1/2% PER MONTH OR FRACTION OF A MONTH IS CHARGED ON ALL DELINQUENT BALANCES.
 A RETURN MUST BE FILED FOR EACH REPORTING PERIOD REGARDLESS OF TAX LIABILITY.

| | |
|---------------------|--|
| Acct # _____ | This Report is for _____ |
| Property _____ | the Month of _____ |
| Address _____ | Due 1st of the month _____ |
| City, St, Zip _____ | Delinquent After the 15th _____ |

| OCCUPANCY | |
|---|-------|
| A. Number of room nights available this month (# of rooms times days in the month). | _____ |
| B. Number of taxable room nights occupied this month. | _____ |
| C. Number of room nights occupied by conventions / meeting guests this month. | _____ |
| D. Receipts from rooms occupied by conventions / meeting guests this month. | _____ |
| E. Number of room nights occupied by complimentary guests this month. | _____ |
| F. Number of room nights occupied by over 28-day guests this month. | _____ |
| G. Number of room nights occupied by government exempt guests this month. | _____ |

| TRANSIENT LODGING TAX | | |
|---|--------------------------|--------------|
| 1. Enter gross receipts, including over 28-day and complimentary rooms for this month. | | \$ _____ |
| 2. Enter any adjustments from prior month(s). Attach a detailed explanation. (+) or (-) | | \$ _____ |
| 3. Add lines 1 and 2. | TOTAL RECEIPTS | \$ _____ |
| 4. Enter refunds included in line 1 for this month. | \$ (_____) | |
| 5. Enter complimentary included in line 1 for this month. | \$ (_____) | |
| 6. Enter over 28-day rentals included in line 1 for this month. | \$ (_____) | |
| 7. Enter government exempt rentals included in line 1 for this month. | \$ (_____) | |
| 8. Enter total of lines 4, 5, 6, and 7. | TOTAL EXEMPTIONS | \$ (_____) |
| 9. Deduct line 8 from line 3. | TAXABLE AMOUNT | \$ _____ |
| 10. Enter 1.0% of line 9. | | \$ _____ |
| 11. Enter 12.0 % of line 9. | | \$ _____ |
| 12. Your property <input type="checkbox"/> is <input type="checkbox"/> is not eligible for 2.00% collection allowance. If eligible, enter 2.00% of line 11. | | \$ _____ |
| 13. Deduct line 12 from line 11. | | \$ _____ |
| 14. Capital projects surcharge <input type="checkbox"/> is <input type="checkbox"/> is not applicable to your property. If applicable, enter \$2.00 times total of lines B+F+G. | | \$ _____ |
| 15. Add line 10, 13 and line 14. | TOTAL TAX | \$ _____ |
| 16. Other penalty or credit advice you have received from the Authority (balance due). | | \$ _____ |
| 17. Add lines 15 and 16. | REMITTANCE AMOUNT | \$ _____ |

Make your check payable to: RENO-SPARKS CONVENTION & VISITORS AUTHORITY (RSCVA). Mail to: Reno Sparks Convention & Visitors Authority, Attn: Room Tax, P.O. Box 837, Reno, Nevada 89504.

All returns and applicable taxes are due and payable on the first day of the month following the reporting period. All returns and applicable taxes are delinquent after the 15th day of the month following the reporting period. Returns will be considered delinquent if postmarked or filed after the next regular business day if the 15th falls on a Saturday, Sunday or federal holiday. Please refer to RSCVA transient lodging tax regulations section 4, for additional information.

For rules, regulations or instructions to complete this return, contact the Room Tax Department at (775) 827-7743, fax (775) 827-7745, or email taxdepartment@rscva.com.

The owners of the above-named facility certify that the above and foregoing report is a true and correct statement of gross receipts and tax collected under and pursuant to applicable ordinances by the above-named establishment for the period covered by this return and in the absence of my signature, the undersigned has the authority to sign on my behalf.

(Print Name) _____ (Signature) _____
 (Title) _____ (Date) _____