



CITY OF CARLIN

This Form must be submitted monthly even if no Lodging Tax is due.

OPERATOR'S MONTHLY TRANSIENT LODGING TAX RETURN for MONTH: _____ YEAR: _____

Licensee Name _____ Authorized Signature _____

Motel/Hotel Occupancy
<p>A. Number of room nights occupied this month. (Occupied Rooms X Number of Days in Month) _____</p> <p>B. Number of room nights occupied by complimentary visitors this month. _____</p> <p>C. Number of room nights occupied by promotional package. _____</p> <p>D. Number of room nights occupied by Government employees this month. _____</p> <p>E. Number of rooms occupied by a guest staying 45 days or longer. _____</p>

RV Park Occupancy
<p>A. Number of RV space nights occupied this month. (Occupied RV Spaces X Number of Days in Month) _____</p> <p>B. Number of spaces occupied by a guest staying 45 days or longer. _____</p>

Transient Lodging Tax
<p>1. Enter gross rental revenue (Including over 45 day rentals, all complimentary rooms, all promotion packages and RV spaces). 1. _____</p> <p>2. Enter any adjusted revenue for prior month(s). Attach an explanation. 2. _____</p> <p>3. Cost Deductions</p> <p> a. Deduct refunds paid by you this month. _____</p> <p> b. Deduct complimentary for this month. _____</p> <p> c. Deduct revenue from over 45 day rentals and government exempt rentals you included in Line 1. _____</p> <p>Enter total Deductions 3. _____</p> <p>4. Enter total of Lines 1 and 2 minus Line 3. TAXABLE AMOUNT 4. _____</p> <p>5. Enter 12% of Line 4. TAX AMOUNT 5. _____</p> <p>6. Enter 10% of total of Line 5, or \$250.00 whichever is greater as a late penalty due to the City after the 15th day of the month plus 1. 5% interest on amount past due PENALTIES 6. _____</p> <p>7. Add Line 5 and Line 6. TOTAL REMITTANCE 7. _____</p>

Remit to: City of Carlin
PO Box 787
151 S. 8th Street
Carlin, Nevada 89822

Date Deposited

Date Received