



OPERATOR'S 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 Reporting Period of _____
Address _____	Due 1st of the month _____
City, St, Zip _____	Delinquent After the 15th _____

OCCUPANCY

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

TRANSIENT LODGING TAX

1. Enter gross receipts, including over 28-day and complimentary rooms for this reporting period.		\$
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 reporting period.	\$ ()	
5. Enter complimentary included in line 1 for this reporting period.	\$ ()	
6. Enter over 28-day rentals included in line 1 for this reporting period.	\$ ()	
7. Enter government exempt rentals included in line 1 for this reporting period.	\$ ()	
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 12.5 % 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) _____