

Nevada Department of Taxation

Nevada Commerce Tax Return

Form TXR-030.01

Business Entity NAICS code category

Tax ID No

For the taxable year

through

Business Entity legal name

Business Entity address

☐ I declare that the Gross Revenue from engaging in business in Nevada of the above Business Entity did not exceed \$4,000,000 during the taxable year.

IF THE BOX ABOVE IS CHECKED, SKIP LINES 1 THROUGH 35

☐ Final return ☐ Amended return ☐ Alternative situsing method ☐ Estimates used

Sitused to Nevada	Gross Revenue from engaging in business in Nevada		
	1	Sale of inventory	1
	2	Service performance	2
	3	Rents, royalties and leases	3
	4	Interest income from credit sales and loans	4
	5	Damages received from litigation for loss of business income	5
	6	Insurance proceeds for loss of business income	6
	7	Forgiven debt	7
	8	Other revenue	8
	9	Total Gross Revenue (Line 1 through Line 8)	9
10	Less \$4,000,000 Threshold	10	
11	Adjusted Gross Revenue (Line 9 less Line 10)	11	
IF LINE 11 IS ZERO OR LESS, GO TO LINE 29 AND INPUT ZERO			
To the extent included in revenue	General Business Deductions		
	12	Returns and refunds to customers	12
	13	Bad debt	13
	14	Distributions required by fiduciary duty or law	14
	15	Distributions under certain written contracts	15
	16	Reimbursement of certain expenses and advances from clients	16
	17	Taxes collected from 3 rd party and remitted to taxing authority	17
	18	Other deductions	18
	Industry Specific Deductions		
	19	Employee leasing deduction	19
	20	Gaming deduction	20
	21	Health care provider deduction	21
	22	Insurance deduction	22
	23	Liquor tax deduction	23
	24	Mining deduction	24
	25	US Armed Forces housing deduction	25
	26	Total Deductions (Line 12 through Line 25)	26
	27	Nevada Taxable Revenue (Line 11 less Line 26, but not less than \$0)	27
28	Tax rate per NAICS code category	28	
Tax liability	29	Commerce Tax due	29
	30	Plus penalty	30
	31	Plus interest	31
	32	Plus liability established by Department	32
	33	Less credit(s) approved by Department	33
	34	Total amount due and payable (Line 29 through Line 33)	34
	35	Amount remitted with the return	35

☐ Under penalty of perjury, I certify that I have examined this return and to the best of my knowledge and belief it is true, correct and complete.

Business Entity authorized representative's signature:		Phone number:	
Name and title:		Date:	

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