## NEVADA DEPARTMENT OF TAXATION

## MODIFIED BUSINESS TAX RETURN FINANCIAL INSTITUTIONS

Mail Original To: NEVADA DEPARTMENT OF TAXATION PO BOX 52609

PHOENIX AZ 85072-2609

		L	Endi	ing	03/31/15
			Due on or befo	ore	04/30/15
			Date p	aid	
		PE If the corre	POSTMARKED AFTINALTY AND INTEREMENT	ER DUE EST WIL	L APPLY ase make any
1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER (Same amount as on Line 3 of ESD Form NUCS					
2. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/BENEFITS PLAN	HEALTH 2.				
3. Line 1 minus Line 2	3.				
4. Offset Carried Forward from Previous Quarter	4.				
5. Line 3 minus Line 4	5.				
6. TAXABLE WAGES (If line 5 is greater than zero enter am if less than zero enter on Line 15)	nount here, 6.				
7. CALCULATED TAX (2% or 0.02 x Line 6)	7.				
8. CREDITS (Overpayments as determined by the Departme	ent) 8.				
9. NET TAX DUE (Line 7 minus Line 8)	9.				
10. PENALTY (LINE 9 x 0%)	10.				
11. INTEREST (See instructions for current rate and calcula	ition) 11.				
12. PREVIOUS DEBITS (Outstanding liabilities)	12.				
13. TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Lin	e 12) 13.				
14. AMOUNT PAID	14.				
15. CARRY FORWARD (If Line 5 is less than zero (0) enter amt. here. This Offset will be carried forward for the next qua	arter)				
MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATI	ON - A RETURN MUST	BE FIL	ED EVEN IF NO TAX L	.IABILITY	EXISTS
ENTER NAME OF PERSON SIGNING THIS RETURN			in so		
Signature P	hone Number		Date	ny knowledge a orrect and com	nd belief is a true, plete return. <b>THIS</b>
Title FE	RI N of Business Named Above				ÚST BE SIGNED



To e-mail, save this form to your computer and e-mail the attachment to nevadaolt@tax. state.nv.us with the subject of `Modified Business Tax Return'

TID No:021-TX-

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