NEVADA DEPARTMENT OF TAXATION
MODIFIED BUSINESS TAX RETURN
GENERAL BUSINESS

Mail Original To:	NE
	PO

: NEVADA DEPARTMENT OF TAXATION PO BOX 52609 PHOENIX AZ 85072-2609

TID No:020-TX			
FOR DEPARTMENT USE ONLY			
PERIOD ENDING	03/31/15		
DUE BY	: 04/30/15		
DATE PAID	:		

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY If the address as shown is incorrect, please make any

corrections before mailing the return. Use the space on

	the left for these corrections.	
1.		
2.		
3.		
4.		
5.		
6.		
7.		

1.	TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER
	(Same amount as on Line 3 of ESD Form NUCS 4072)
2.	ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN

- 3. Line 1 minus Line 2
- 4. Offset Carried Forward from Previous Quarter
- 5. Line 3 minus Line 4
- 6. TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 17)
- 7. Is Amount on Line 6 greater than \$85,000?
- No. No tax is assessed on the first \$85,000 of Taxable Wages. Enter \$0 on line 7.
  Yes. No tax is assessed on the first \$85,000 of Taxable Wages. Enter \$0 on line 7.
- 8. Did you answer Yes on Line 7?
- No. Enter \$0 on Line 8
- Yes. Subtract \$85,000 from Line 6 and enter amount on Line 8a. Multiply amount on Line 8a by 1.17% (.0117) and enter amount on Line 8.

8a.		x 0.0117
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- 9. CALCULATED TAX (Line 7 + Line 8)
- 10. CREDITS (Overpayments as determined by the Department)
- 11. NET TAX DUE (Line 9 minus Line 10)
- 12. PENALTY (LINE 11 x 10%)
- 14. PREVIOUS DEBITS (Outstanding liabilities)
- 15. TOTAL AMOUNT DUE (Line 11 + Line 12 + Line 13 + Line 14)
- 16. AMOUNT PAID
- 17. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter)

	16.		
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8.

9.

10.

11.

12. 13.

14.

15.

## MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER NAME OF PERSON SIGNING RETURN			I hereby certify that this return, including any accompanying schedules and statements, has been
Signature	Phone	_Date	examined by me and to the best of my knowledge and belief is a true,
Title	_FEIN of Business Named Above		correct and complete return. THIS RETURN MUST BE SIGNED
		MODIFIED E	TXR-020.04 BUSINESS TAX RETURN-GENERAL BUSINESS Revised 03/27/15

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