

NEVADA DEPARTMENT OF TAXATION

MODIFIED BUSINESS TAX RETURN
GENERAL BUSINESS (Effective July 1, 2019)Mail Original To: NEVADA DEPARTMENT OF TAXATION
PO BOX 51107
LOS ANGELES, CA 90051-5407

TID NO:020-TX

FOR DEPARTMENT USE ONLY

PERIOD ENDING:

DUE BY:

DATE PAID:

IF POSTMARKED AFTER DUE DATE, PENALTY AND**INTEREST WILL APPLY.** If your business name or address has changed, please contact the Call Center at (866) 962-3707 as soon as possible to update your account with the Department.

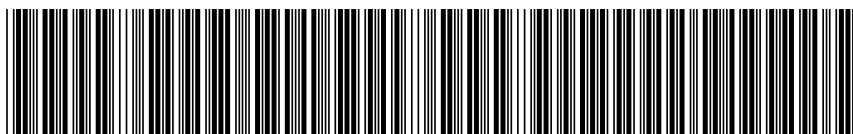
1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER
- 2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN):
- 2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See Instructions)
3. Line 1 minus Line 2a and Line 2b
4. Offset Carried Forward from Previous Quarter
5. Line 3 minus Line 4
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 18)
7. ENTER THRESHOLD OF \$50,000.
8. TAXABLE WAGES (Line 5 minus Line 7, but not less than \$0)
9. CALCULATED TAX (Line 8 x .01378)
10. COMMERCE TAX CREDIT
11. OTHER CREDITS (Overpayments or other approved credits, see instructions)
12. NET TAX DUE (Line 9 minus Line 10 minus Line 11)
13. PENALTY (LINE 12 x 0% see instructions)
14. INTEREST (See instructions for current rate and calculation)
15. PREVIOUS DEBITS (Outstanding liabilities)
16. TOTAL AMOUNT DUE (Line 12 + Line 13 + Line 14 + Line 15)
17. AMOUNT PAID
18. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter)

1.	
2a.	
2b.	
3.	
4.	
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9.	
10.	
11.	
12.	
13.	
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16.	
17.	
18.	

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTSENTER NAME OF PERSON
SIGNING RETURN _____

Signature _____ Phone _____ Date _____

Title _____ FEIN of Business Named Above _____

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. **THIS RETURN MUST 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'