



CITY OF APACHE JUNCTION PRIVILEGE (SALES) TAX RETURN

City of Apache Junction
 Tax & Licensing Division
 300 E. Superstition Blvd.
 Apache Junction, AZ 85119
 Phone: (480) 474-5051
 Fax: (480) 982-8004

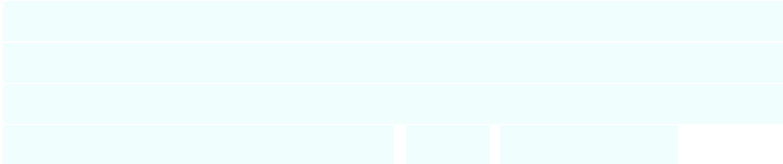
| | |
|---------------|-------------|
| License | Due Date |
| | |
| Period Begins | Period Ends |
| | |

Cancel License Date: _____

Reason:

No income this period. Sign and date below.

Address change: Enter new address to the left.



State Tax License

| Business Description | Line | Business Class | Column 1 Gross Income | Column 2 Less (-) Deductions From Schedule A | Column 3 Equals (=) Net Taxable Income | Column 4 (X) Tax Rate | Column 5 Equals (=) Tax Amount |
|---|------|----------------|--------------------------|---|---|--------------------------|-----------------------------------|
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 3 | | | | | | |
| | 4 | | | | | | |
| | 5 | | | | | | |
| 6 SUBTOTAL (Add lines 1 thru 5 in Column 5) | | | | | | Equals (=) | |
| 7 TOTAL FROM ADDITIONAL PAGES (if any) | | | | | | Plus (+) | |
| 8 SUBTOTAL (Add Lines 6 and 7) | | | | | | Equals (=) | |
| 9 EXCESS CITY TAX COLLECTED (From Schedule B on Page 2) | | | | | | Plus (+) | |
| 10 GRAND TOTAL (Add Lines 8 and 9) | | | | | | Equals (=) | |
| 11 PENALTIES AND INTEREST (See instructions) | | | | | | Plus (+) | |
| 12 TOTAL LIABILITY (Add Lines 10 and 11) | | | | | | Equals (=) | |
| 13 ENTER CREDIT BALANCE (From Schedule C on Page 2) | | | | | | Minus (-) | |
| 14 NET AMOUNT DUE (Subtract Line 13 from Line 12) | | | | | | Equals (=) | |
| 15 ENTER AMOUNT PAID (Payable to the City of Apache Junction) | | | | | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information available.

| TAXPAYER | PREPARER |
|-------------------|-------------------|
| Print Name: _____ | Print Name: _____ |
| Signature: _____ | Signature: _____ |
| Date: _____ | Date: _____ |

DO NOT WRITE IN THIS AREA

**A SIGNATURE IS REQUIRED TO MAKE THIS A VALID RETURN
 THIS FORM MUST BE RETURNED TO THE CITY EVEN IF THERE IS NO TAX DUE**

Due Date: The due date for the City privilege tax is the 20th of the month following the reporting period. A return is considered timely only when received by the last business day of the month. A business day is any day except weekend days and legal City holidays.

POSTMARKS ARE NOT ACCEPTED AS EVIDENCE OF TIMELY FILING

- Penalties:**
1. Failure to File: 5% of the tax due for each month or fraction of a month between the delinquency date and the date on which the return is filed.
 2. Late Payment: 10% of the unpaid tax if the tax was not paid by the delinquency date.
 3. Total Penalty: Total penalties will not exceed 25% of the total tax due.

Interest: Daily interest will be assessed on delinquent taxes at the rate established by the Internal Revenue Service (IRS).

You are not required to calculate penalties and interest. The City will calculate penalties and interest, and will notify you of the amount which you may pay on your next tax return, or pay separately.

- CHECK YOUR RETURN:**
1. Check the amounts recorded for each business class on Page 1.
 2. Itemized deductions on Schedule A should equal total deductions recorded on Page 1.
 3. Taxable income must equal gross income less total deductions.
 4. Tax due must equal the taxable income multiplied by the specified tax rate.
 5. Total tax due must include any excess tax collected.

SCHEDULE A - DETAIL OF DEDUCTIONS

Enter below the deductions and exclusions you used in computing your City privilege tax.
You must keep a detailed record of all deductions and exclusions. Failure to maintain proper documentation and records may result in disallowance.

| | | Line 1 | Line 2 | Line 3 | Line 4 | Line 5 |
|--|------|--------|--------|--------|--------|--------|
| | Code | | | | | |
| Total tax collected or factored (State, county, and city) | 01 | | | | | |
| Qualified Out-of-City sales. | 02 | | | | | |
| Qualified Out-of-State sales. | 03 | | | | | |
| Sales to a qualifying hospital, community health care center, or health care organization. | 05 | | | | | |
| Sales for resale (retail, rental equipment, and utilities). | 10 | | | | | |
| Separately billed delivery, installation, repair, and/or maintenance charges. | 11 | | | | | |
| Sales of natural gas or petroleum used to propel a motor vehicle. | 13 | | | | | |
| Sales of prescription drugs or prosthetics. | 16 | | | | | |
| Sales of property which directly enters into a finished manufactured product. | 19 | | | | | |
| Sales of food purchased with food stamps or a food stamp instrument. | 64 | | | | | |
| Bad debt on which tax has been paid. | 85 | | | | | |
| Discounts, refunds, or returns. | 86 | | | | | |
| Trade-ins (retail only). | 87 | | | | | |
| Construction contracting standard 35% deduction. | 04 | | | | | |
| Exempt sub-contracting income. | 33 | | | | | |
| Other Specify: | | | | | | |
| Other Specify: | | | | | | |
| Other Specify: | | | | | | |
| Other Specify: | | | | | | |
| TOTAL DEDUCTIONS: | | | | | | |
| SCHEDULE B - Excess tax collected by activity | | | | | | |
| TOTAL EXCESS TAX: | | | | | | |
| SCHEDULE C - Allowed credits (attach separate schedule) | | | | | | |
| TOTAL CREDITS CLAIMED: | | | | | | |