SRPMIC Mon	thl	y Tax Returr	1						
GREAT SEAL		SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY 10005 E. OSBORN RD. SCOTTSDALE, AZ 85256 OFFICE OF THE TREASURER PHONE NO. (480) 362-7678 FAX NO. (480) 362-7592							
	REP	ORTING PERIOD	DUE DATE_		SEND	REPORT AND F	PAYMENT TO:		
THA MARICOPA MODE		Amended Return	Final Return			SRPMIC P.O. Box 84			
		No Gross Receipts to Report	Date of Final:		Los	Angeles, CA 9	0084-2342		
Name and Address			Tax returns are delinquent if not payment, a 5% penalty for late fil fraction thereof. Returns with ine & penalties to accrue	ing will be asses	ssed for each mo	onth, and interest	of 1% per month or		
RANSACTION PRIVILEGE SALES) TAX	LINE	GROSS INCOME	TOTAL DEDUCTIONS (See Schedule A)	TAXABLE	INCOME	TAX RATE	TAX DUE		
RETAIL	1						\$ -		
RESTAURANT	2						\$ -		
HOTEL-TRANSIENT LODGING	3					7.27%	\$ -		
HOTEL-TRANSIENT LODGING	4					1.75%	\$ -		
LCOHOL BEADY TO DRINK	_						<u> </u>		

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.

Taxpayer's Signature Date Preparer's Signature Date

29

Total Tax Due

Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Enter Total Amount Paid

\$

(Add lines 24 through 28)

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SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY TRANSACTION PRIVILEGE TAX

SCHEDULE A – DEDUCTIONS/EXEMPTIONS WORKSHEET:

Enter the deductions/exemptions being claimed in computing the Community's Transaction Privilege (Sales) Tax Due in the worksheet below. A detailed record must be kept of all deductions and exemptions being claimed. Failure to maintain proper documentation and records required by the Community Code may result in the disallowance of the deductions and exemptions claimed, resulting in additional tax and interest due.

TRANSACTION PRIVILEGE TAX	Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9	Line 10	Line 11	Line 12
Total Tax Collected (State, County and Community)												
Bad Debts on which tax was paid												
Discounts and Refunds												
Sales to licensed dealers for purpose of resale												
Gasoline Sales												
General Contractor 35% deduction												
Sales made to the Community Government and its enterprises												
Subcontracting income												
Out of State or City sales												
Tobacco Product Sales												
Freight / Shipping												
Other - (please explain)												
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

SCHEDULE	В
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SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY LUXURY TAX

SCHEDULE B – TOBACCO DEDUCTIONS/EXEMPTIONS WORKSHEET:

Enter the deductions/exemptions being claimed in computing the Community's Luxury Tax Due in the worksheet below. A detailed record must be kept of all deductions and exemptions being claimed. Failure to maintain proper documentation and records required by the Community Code may result in the disallowance of the deductions and exemptions claimed, resulting in additional tax and interest due.

ТОВАССО ТАХ	Line 13	Line 14	Line 15	Line 16	Line 17	Line 18	Line 19
Sale to Community Member							
Loss/Destroyed							
Gift Cards							
Distributor Refunds							
Other - (please explain)							
TOTAL	-	-	-	-	-	-	-

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SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY LUXURY TAX

SCHEDULE C – WORKSHEET ALCOHOL:

	LINE 20 SPIRITS No. of Gallons	LINE 21 VINOUS < 24% No. of Gallons	LINE 22 VINOUS >24% (8 oz) No. of Gallons	LINE 23 MALT/CIDER No. of Gallons
Beginning Inventory (same as ending inventory of prior month)				
 Additions – Total Gallons: Purchased 				
Deductions – Total Gallons: a. Sale to other retailers				
b. Destroyed				
c. Breakage				
d. Returned to Suppliers				
e. Ending Inventory				
4. TOTAL DEDUCTIONS (Add lines 3a through 3e)				
5. Taxable Gallons Sold/Purchased (Add lines 1 and 2 and Subtract line 4)				

SR#	
Month	_



TPT Exemption Form (MUST BE FILED EACH MONTH WITH RETURN)

				Product	Discount	
Date	Community ID #	Print Name	Signature	type	Amount	Clerk Initial
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
Page			Page Total		\$ • -	

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Package Alcohol Exemption Form (MUST BE FILED EACH MONTH WITH RETURN)

				Product	Discount	
Date	Community ID #	Print Name	Signature	type	Amount	Clerk Initial
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
Page			Page Total		\$ -	

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Tobacco Exemption Form (MUST BE FILED EACH MONTH WITH RETURN)

					Discount	
Date	Community ID #	Print Name	Signature	Product type	Amount	Clerk Initial
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
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					\$	
Page			Page Total		\$ -	

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Tobacco Retailer-Purchase Details of Non Participating Manufacturers <u>Cigarette</u> Products Form (MUST BE FILED EACH MONTH WITH RETURN)

	Number of Packs		
Purchase Date	Distributor Name	Brand Name	Purchased
Page			

USE ADDITIONAL SHEETS IF NECESSARY

- Purchase of product from manufacturers identified as "Nonparticipating" on the Arizona Cigarette Directory. Current directory can be found at: https://www.azag.gov/consumer/tobacco/az-cigarette-directory
- You DO NOT need to report purchases of products from "Participating" manufacturers
- If you make no purchases of nonparticiapting Cigarette products, write NONE on the form above

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Tobacco Retailer-Purchase Details of Non Participating Manufacturers Roll Your Own Products Form (MUST BE FILED EACH MONTH WITH RETURN)

			Number of Ounces
Purchase Date	Distributor Name	Brand Name	Purchased
Page			

USE ADDITIONAL SHEETS IF NECESSARY

- Purchase of RYO product from manufacturers identified as "Nonparticipating" on the Arizona Cigarette Directory. Current directory can be found at: https://www.azag.gov/consumer/tobacco/az-cigarette-directory
- You DO NOT need to report purchases of RYO products from "Participating" manufacturers
- If you make no purchases of nonparticiapting RYO products, write NONE on the form above