



MUNICIPAL NON-PROPERTY SALES TAX RETURN
 TITLE 3, CHAPTER 1 OF THE MUNICIPAL CODE
THIS RETURN MUST BE FILED EVEN IF NO TAX IS DUE

Permit #: _____ Business Name: _____

Filing Frequency* (circle one): Monthly Quarterly Annually Filing Period: _____

** Per City Code, taxes must be remitted on the same schedule as your state filing, a copy of which must also be included with this return.*

Tax Category	Tax Rate	Gross Sales	Tax Due
Occupancy Sales (rentals less than 30 days)	4%		
Restaurant Food & Beverage	4%		
Alcohol by the Drink	4%		
Recreation Memberships (i.e. greens fees, tennis court fees, gym/spa memberships, pool passes, etc.)	4%		
Lease/Rental of Tangible Personal Property (i.e. auto, golf clubs, golf carts, tennis rackets, bicycle rentals etc.)	4%		
Event Admission	4%		
All other retail sales not listed above	3%		
Ski Lift Tickets/Season Ski Passes	2%		
Late Fee: assessed if taxes are not paid by the 20 th of the following month.	5%		
Total Tax Payment			

Preparer Name (print): _____ Title: _____

Mailing Address: _____

Email Address: _____ Phone: _____

Fax: _____

I do hereby swear or affirm that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

*** Per City Code, a copy of your State Sales Tax Return for the same period must be attached.**