



**CITY OF BOULDER CITY**

401 California Ave., Boulder City, NV 89005

Phone: 702-293-9219 Fax: 702-293-9411

[www.bcnv.org](http://www.bcnv.org)

[licensing@bcnv.org](mailto:licensing@bcnv.org)

**Transient Lodging  
Report of Room Tax UNDER 100 ROOMS  
Monthly Tax Return - Due by the 10th of each month  
A return must be filed even if no liability exists.**

**Business Name:** \_\_\_\_\_ **Business phone:** \_\_\_\_\_

**Business location:** \_\_\_\_\_ Boulder City, NV 89005

**Period covered:** From: \_\_\_\_\_ To: \_\_\_\_\_

|    |   |  |  |
|----|---|--|--|
| 1  | Total Rental Revenue / Gross Receipts                                     |  |  |
| 2  | Less Nontaxable Revenue (occupancy over 30 days)                          |  |  |
| 3  | Total Taxable Revenue / Adjusted Gross Receipts (line 1 minus line 2)     |  |  |
| 4  | Total Tax - 11.0% of line 3   |  |  |
| 5  | Penalty - 10% of line 4 (assessed when not paid by the 10th of the month) |  |  |
| 6  | Interest - 1% of line 4 (assessed when 30+ days late)                     |  |  |
| 7  | Total amount of tax (add lines 4 - 6)                                     |  |  |
| 8  | Operator's discount (line 3x.04x.02)                                      |  |  |
| 9  | Net payable - (line 7 minus line 8)                                       |  |  |
| 10 | Aggregate number of rooms/units rented during the month                   |  |  |
| 11 | Aggregate number of permanent guests during the month                     |  |  |
| 12 | Aggregate number of transient guests during the month                     |  |  |
| 13 | Total number of guests for the month (line 11 plus line 12)               |  |  |

Make checks payable to: City of Boulder City  
Attn: License Office  
Mailing address: 401 California Ave.  
Boulder City, NV 89005

**Affidavit**

The undersigned hereby certifies that the above and foregoing report is a true and correct statement of rental income received and tax collected under and pursuant to applicable ordinance by the above named establishment for the period covered by this report.

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Signature

Title

Date

