

CITY OF EUREKA SPRINGS

Gross Receipts Tax Monthly Report

A Report must be filed for every month of the year as required by Eureka Springs Municipal Code Section 2.60 as amended. For Questions call 479-253-7333

2% Discount if postmarked on or before the 20th
Penalty/Interest assessed if postmarked after the 1st

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_
Actual Location

Mailing Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

NOTICE
Make Check Payable To:
City Advertising and Promotion
Commission
MAIL TO:
C.A.P.C
P.O. Box 522
Eureka Springs, AR 72632

1. Gross Receipts ..... \$ .....00

2. Deductions:

For Lodging Use Only

A. Taxes (see Instructions #5) \$ .....00

[ ] No. of Room Nights
Rented for the Month

B. Other Legal Deductions (List) \$ .....00

[ ] No. of Rooms/Units
Available
x Number of days per month

USE WHOLE DOLLARS ONLY ROUND OFF CENTS

3. TOTAL DEDUCTIONS ..... \$ .....00

4. Net Taxable Receipts ..... \$ .....00

5. Tax Due (Line 4 x .03) ..... \$ .....00

6. Discount (Line 5 x .02) ..... \$ .....00

7. Penalty (See Instructions) ..... \$ .....00

8. Interest (See Instructions) ..... \$ .....00

9. TOTAL TAX ..... \$ .....00

10. Memorandum Credit/Penalty (Attached) ..... \$ .....00

11. This Remittance ..... \$ .....00

I hereby state, and affirm that the statements contained herein are full, true and correct as required by Eureka Springs Municipal Code, Section 102-32 as amended and provisions of Arkansas State Gross Tax Receipts Tax Law which establishes rules and regulations for assessments, collection and enforcement of the law.

(Must be signed by Owner or Authorized Agent)

Form Prepared By: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Filing Month: \_\_\_\_\_