

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: _____

Business Address (Actual Location)

Address _____ **Eureka Springs** **AR** **72632**
City St Zip

Mailing Address

Address _____
 City _____ St _____ Zip _____

NOTICE
 Make Check Payable To:
 City Advertising and
 Promotion Commission

MAIL TO:
 C.A.P.C
 P.O. Box 522
 Eureka Springs, AR 72632

Type of Business: _____

- | | |
|---------------------------------------|-----|
| 1. Gross Receipts..... | .00 |
| 2. Deductions | |
| A. Taxes (see Instructions #5)..... | .00 |
| B. Other Legal Deductions (List)..... | .00 |

For Lodging Use Only

_____ No. of Room Nights Rented
 for the Month

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

USE WHOLE DOLLARS ONLY - ROUND OFF CENTS

- | | |
|--|-----|
| 3. TOTAL DEDUCTIONS (Line 2A + Line 2B) | .00 |
| 4. Net Taxable Receipts (Line 1 - Line 3) | .00 |
| 5. Tax Due (Line 4 x .03) | .00 |
| 6. Discount (Line 5 x 0.02) | .00 |
| <small>Check ONLY if mailing on or before the 20th of the month.</small> | |
| 7. Penalty (See Instructions)..... | .00 |
| 8. Interest (See Instructions)..... | .00 |
| 9. TOTAL TAX (Line 5-Line 6+Lines 7 & 8) | .00 |
| 10. Memorandum of Credit/Penalty/Interest..... | .00 |
| 11. This Remittance (Line 9 - Line 10) | .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.

 The Owner or Authorized Agent must print and sign this document or type your full name in the box above. By typing your name you are agreeing to the terms of this document.

Form Prepared By _____

Date Prepared _____

Filing Month: _____