



City of Tucson  
 License Section  
 255 W. Alameda  
 Tucson, AZ 85701  
 (520) 791-4566

**TAX RETURN  
 BUSINESS PRIVILEGE  
 PUBLIC UTILITY ROOM SURTAX  
 TRANSIENT RENTAL**

<b>Mail to:</b> City of Tucson <b>Collections</b> PO Box 27320 Tucson, AZ 85726		
CITY LICENSE NO.		
PERIOD COVERED		
FROM	THROUGH	
CYCLE		
OFFICE USE		
a	b	c

**SPECIAL NOTICE**

THIS RETURN MUST BE FILED WHETHER OR NOT ANY TAX IS DUE.

THIS RETURN IS DUE ON THE 20th OF THE MONTH FOLLOWING THE PERIOD IN WHICH TAXES ARE DUE.

Business Activity	Line	Activity #	Column 1 Gross	Column 2 Allowable pg 2 - Deductions	Column 3 = Net Taxable	Column 4 x Tax Rate	Column 5 = Tax Amount	
CONTRACTING	1	15				2.00%		
	2							
	3							
*If you have one activity, fill in the amount in Column 5. If you have more than one, fill out Schedule B on Page 2.	4	SUBTOTAL (Add Col. 5. Lines 1 through 3)						
	5	ENTER EXCESS CITY TAX COLLECTED*					Plus(+)	
	6	SUBTOTAL (Add lines 4 and 5)					Equals (=)	
	7	PENALTY & INTEREST (see instruction Sheet)*					Plus (+)	
	8	SUBTOTAL (Add lines 6 and 7)					Equals (=)	
	9	ENTER CREDIT BALANCE TO BE APPLIED (attach Notice of Credit)*					Minus(-)	
	10	ENTER NET AMOUNT DUE (Subtract line 9 from line 8)					Equals (=)	
	11	ENTER TOTAL AMOUNT PAID (Make check payable to <b>City of Tucson</b> )						

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

**A SIGNATURE IS REQUIRED TO MAKE THIS RETURN VALID.**

\_\_\_\_\_  
 Taxpayer's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Paid Preparer's Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Phone #

\_\_\_\_\_  
 Print Paid Preparer's Name

**RETURN IS DUE ON THE 20th OF THE MONTH FOLLOWING THE REPORTING PERIOD AND DELINQUENT IF NOT RECEIVED BY THE LAST BUSINESS DAY OF THE MONTH. POSTMARKS ARE NOT REGARDED AS EVIDENCE OF DATE RECEIVED.**

**Make check payable to: City of Tucson**

**Return original with remittance in envelope provided to: Collections \*\* P.O. Box 27320 \*\* Tucson, AZ 85726**

Or pay in person at: Collections \*\* 255 W. Alameda, 1st floor (City Hall). Overnight deliveries should also be sent to this address.

