



THIS RETURN MUST BE FILED EVEN THOUGH NO TAX IS DUE
CITY OF HARRISON LOCAL OPTION NON-PROPERTY TAX RETURN

PERIOD COVERED: FROM _____ TO _____
TAXPAYER NAME: _____
ADDRESS: _____

*I/We, the undersigned, do hereby swear or affirm that
the herein information is true and correct to the best
of my/our knowledge.*

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

1% LODGING
1% ALCOHOL BY THE DRINK
1% PREPARED MEAL
1% RETAIL SALES

**Attach a copy of Form 850 State Sales Tax Return
for the Reporting Period.**

**Retain a copy for your records and return form
With payment to:**

**CITY OF HARRISON
PO BOX 73, HARRISON, ID 83833**

**DUE ON OR BEFORE THE 20TH OF THE
FOLLOWING MONTH**

1	TOTAL TAXABLE SALES-RETAIL		
2	TAX (MULTIPLY LINE 1 BY .01)		
3	TOTAL TAXABLE SALES- PREPARED FOODS		
4	TAX (MULTIPLY LINE 3 BY .01)		
5	TOTAL TAXABLE SALES-ALCOHOL BY THE DRINK		
6	TAX (MULTIPLY LINE 5 BY .01)		
7	TOTAL TAXABLE SALES- LODGING		
8	TAX (MULTIPLY LINE 7 BY .01)		
9	TOTAL TAX (ADD LINES 2,4,6 AND 8)		
10	Add penalty after due date: 5%, or a minimum of \$10 (whichever is greater), per month payment is late.		
11	TOTAL TAX DUE THIS PERIOD (LINES 9+10)		