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)		