

CITY OF CORDOVA



Business: _____

Address: _____

Business License No. _____

SALES TAX RETURN

For Period Ending _____, 20__

GROSS REVENUES from Business Sales/Services: \$ _____

EXEMPTIONS:

Please attach a list of itemized exemptions

TOTAL EXEMPTIONS: (\$ _____)

NET TAXABLE REVENUES: \$ _____

SALES TAX DUE: (6%) \$ _____

**Compensation: (If filing timely, take 2%
not to exceed \$200.00)** (\$ _____)

***PENALTIES & INTEREST DUE:**

Failure to File Timely: \$ _____

10% to 20% penalty \$ _____

15% Interest: \$ _____ \$ _____

TOTAL REMITTED: \$ _____

I declare, under penalty of making a false statement, that to the best of my knowledge and belief, the statements made herein are true and correct.

SIGNED: _____ **TITLE:** _____ **DATE:** _____