

This Report Must Be Received By the Sherwood City Clerk
On Or Before the **20th** Day of the Following Month

G R O S S R E C E I P T S T A X M O N T H L Y R E P O R T

CITY OF SHERWOOD HOTEL AND RESTAURANT TAX

(RETURN THIS COPY FOR PROPER CREDIT)

For The Month of _____, 20____

Business Name _____

Owner's Name _____

Type of Business _____

Address _____

NOTICE
Make Check Payable
To: A & P Commission
Mail Check To:
City Clerk
P.O. Box 6256
Sherwood, AR 72124

Computation Of Tax

- | | | |
|---|---|----------|
| 1. Gross Receipts
(Total of cash receipts and credit sales)
Deduct: | | \$ _____ |
| 2. Returned Sales Or Refunds, If Any | \$ _____ | |
| 3. Other Deductions Authorized By Law | \$ _____ | |
| | Total Deductions | \$ _____ |
| | Taxable Receipts | \$ _____ |
| | Tax Due (2% on Taxable Receipts) | \$ _____ |
| | Penalty (5% per month refer to
Section 12) | \$ _____ |
| | 2% Discount for Prompt Payment
(refer to Section 11) | \$ _____ |
| | Total Remittance | \$ _____ |

NOTICE
Total Taxable
Receipts shown on
this report must
agree with total
amount reported to
State Revenue
Commissioner

Attach Remittance (Check,
Draft or Money Order)
DO NOT MAIL CASH OR STAMPS

NOTE:
REMITTANCE MUST BE BY SEPARATE CHECK.

I hereby state, avow and affirm that the statements contained herein are full,
true and correct, as required by provisions of Arkansas Gross Receipts Tax Law
and Ordinance No. 1909.

Date this report prepared _____, _____

(Name of Business)

(Must be signed by owner, officer or authorized agent)

OFFICE USE ONLY
Acct.# _____
Check # _____
Receipt # _____
Date Rec. _____