



City of Sherwood
A&P Commission

Sherwood Advertising and Promotion Gross Receipts 2% Tax Monthly Report

Required by Sherwood Ordinance No. 1909 and 2247

RETURN THIS COPY FOR PROPER CREDIT

Date Prepared _____ for Month/Year: _____
A & P Tax Permit # _____
Business Name (as stated on Sherwood A & P Permit) _____
Owner's/Corporation Name _____
Physical Address _____

Questions: 501-835-5319
Make checks payable to: City of Sherwood A&P Commission
Mail to: A&P Commission
P.O. Box 6256
Sherwood, AR 72124
Online payments:
www.cityofsherwood.net

Computation of Tax (DO NOT ROUND UP/DOWN AMOUNTS)

- 1. Total Gross Receipts/Sales: \$ _____
2. Deductions (must be itemized below):
2a. Deduct alcohol: \$ _____
2b. Deduct non-prepared food items: \$ _____
2c. Deduct cigarettes/smoking products: \$ _____
2d. Deduct gasoline: \$ _____
2e. Deduct other: \$ _____
2f. Deduct returned sales/refunds \$ _____
2.Total Deductions (add 2a-2f): \$ _____
3. Taxable Gross Receipt Amount (deduct #2) \$ _____
4. A & P Taxes Collected (2% of #3): \$ _____
4a. Deduct 2% discount from #4 (if paid by the 20th of each month for taxes collected previous month): \$ _____
4b. Add 5% penalty to #4 for each month past due (if paid after last day of month taxes are due): \$ _____
5. Total Taxes Due: \$ _____
6. Total A & P Tax Remittance: \$ _____

I hereby state, avow and affirm that the statements contained herein are full, true, and correct, as required by provisions of AR Code ANN. §26-18-201 et. seq. I also agree that the total taxable receipts shown on this report agree with the total amount reported to the State Revenue Commissioner.

Signature of Owner, Officer, or Authorized Agent
Phone: _____

Print Name and Title
Email (print): _____