NEVADA DEPARTMENT OF TAXATION

One-Time OTHER TOBACCO PRODUCTS (OTP) Excise Tax Return

If sales are made, this form must be completed and submitted to the Department of Taxation with payment **no later than**the 25th of the month following the event.

Mail Completed Return With Payment To:

Nevada Department of Taxation 1550 College Parkway Ste. 115

	Carson City NV 69706		
	EVENT INFORMATION		
Location of Event:	Date(s) of	Date(s) of Event:	
Name of Event:	<u>.</u>		
	ATTENDEE INFORMATION		
Business Name:			
Doing Business As:			
Business Address:			
Business Phone#:	Business F	FID#:	
	OTP EXCISE TAX		
"SAMPLES AR	E NOT INTENDED FOR RESALE P	URPOSES"	
1 Total Wholesale Price of Other Tobacco	o Products Sold at Event:		
2 Calculated OTP Excise Tax (30% (.3) of Line 1):			
3 Collection Allowance (0.25% (.0025) of Line 2):			
4 Total OTP Excise Tax Due (Line 2 - Line 3):			
Pursuant to Nevada Revised Statute (NRS) 37	INSTRUCTIONS		
wholesale dealer who receives, possesses, so Nevada. A wholesale dealer is defined as any manufacturer or wholesale dealer and posses person not located within Nevada and sells or through an Internet website, to wholesale dea	person located in this State, purchases o ses, receives, sells or otherwise disposes r otherwise disposes of other tobacco pro	other tobacco products from a s of such other tobacco products OR any oducts by any means, without limitation,	
Line 1: Enter the wholesale price of <u>all</u> OTF	sold during the event.		
Line 2: Calculate the OTP excise tax by mu	ultiplying Line 1 by 30 percent (.3).		
Line 3: Pursuant to NRS 370.450(3), a who costs of collecting and administering the taxe	es. Calculate the collection allowance by	multiplying Line 2 by .25% (.0025).	
Line 4: Enter the Total OTP Excise Tax D If payment is by check or money order, plea			
II payment is by check of money order, pied	OTP excise tax due.	ITITIENT OF TAXALION FOR THE TUIL AMOUNT OF	
RE	EQUIRED AUTHORIZED SIGNATURE		
By signing below, the person acknowledge business and that all information contained examined and to the best of his/her knowled	on this form, including any accompanyi	ng schedules and statements, has been	
Name of Authorized Representative:			
Title:	Phone#:	Date:	
Signature:	•	•	