

<p align="center">CITY OF SANDPOINT</p> <p align="center">ATTN: TAX DEPT 1123 LAKE STREET SANDPOINT, ID 83864 208-263-8129</p> <p align="center">LOCAL OPTION TAX RETURN</p> <p align="center">PERMIT NO: _____</p> <p>Reporting Period: _____ to: _____</p> <p>Business Name: _____</p> <p>Attach a copy of Idaho Sales Tax Return for the Reporting Period.</p> <p>Tax payment due on or before the 20th of the following month. This return must be filed even though no tax may be due. Additional forms may be found on the City's website.</p> <p align="center">www.sandpointidaho.gov Return check Charge \$ 20.00</p>	Total Sales	
	Less Non Taxable sales	
	Taxable Sales (total sales less non taxable sales)	
	Adjustments (attach explanation of adjustment)	
	Total Tax (1% of taxable sales)	
	Add after Due Date: Penalty the greater of 5% of Tax Due or \$10, plus 1% interest per month on Tax Due	
	Total Tax Due This Period	
	I do hereby swear or affirm that the above information is true and correct to the best of my knowledge.	
	Signature	Date
	RETAIN A COPY FOR YOUR RECORDS AND MAIL ORIGINAL FORM WITH REMITTANCE	

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