

NEVADA DEPARTMENT OF TAXATION

1550 EAST COLLEGE PARKWAY, SUITE 115 CARSON CITY, NEVADA 89706
PHONE (775) 687-6606, 6607, 6610 FAX (775) 687-5981

CENTRALLY ASSESSED PROPERTY TAX ANNUAL REPORT

DUE MARCH 31, 20

FOR THE YEAR ENDING DECEMBER 31, 20__

Company data:

Representative to contact concerning this report:

COMPANY NAME _____.

NAME _____.

TAX DEPT. ADDRESS _____.

ADDRESS _____.

CITY _____.

CITY _____.

STATE _____ ZIP _____.

STATE _____ ZIP _____.

NAME OF PARENT FIRM _____.

PHONE _____ FAX _____.

AFFIDAVIT

I do swear, or affirm, under penalty of perjury the attached data has been prepared under my direction, and together with any accompanying documents the information provided herewith entirely presents all factual data pertaining to any and all operations of the Company or Corporation for the year ending December 31, 20__.
I have read and complied with the attached set of instructions.

SIGNATURE OF CORPORATE OFFICER _____.

NAME OF CORPORATE OFFICER _____.

TITLE OF CORPORATE OFFICER _____.

Subscribed and sworn to before me this _____ day of _____, 20__.

SIGNATURE OF NOTARY _____.

Affix Notary Stamp or Seal