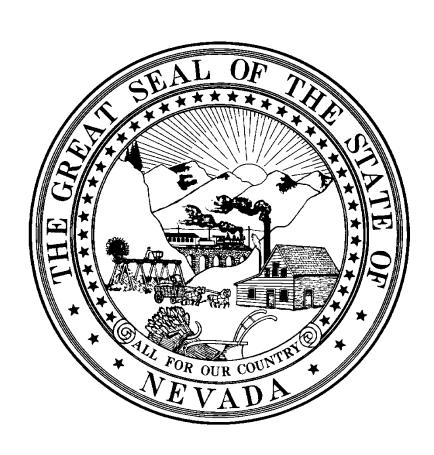
STATE OF NEVADA DEPARTMENT OF TAXATION











Business entities are subject to Modified Business Tax in one of two categories:

General – NRS 363B

Financial Institutions – NRS 363A

Net Proceeds of Minerals – NRS 363A

Financial Institutions:

A financial Institution is

• an institution or person who is licensed, registered or otherwise authorized to do business in this State per NRS 363A.050.

Does not include:

a credit union per NRS 678

Federal land credit association

A person who is primarily engaged in the sale, solicitation or negotiation of insurance and who would be considered an employee subject to the modified business tax

A person whose primary business consists of the sale, solicitation or negotiation of insurance*

^{*(}SB103, 2015 Legislative session, effective 7/1/2015)

- As a result of the 2015 Legislative session, the General Modified Business tax rate was increased to 1.475% of net payroll
- General Modified Business Tax for wages under \$50,000 per quarter is not taxable.
- Net proceeds of Mining have been added to NRS 363A
- Additional deductions and credits allowed

Who is required to be registered?

Any business who is required to pay a contribution pursuant to NRS 612.535

except.....

Indian Tribe

Nonprofit organization under 26 U.S.C. 501(c)

Political subdivision

NRS 363A.030 NRS 363B.030

Categories and Rates (EFFECTIVE 7/1/2015)

NRS 363B.110

General

- Wages over \$50,000 in a calendar quarter 1.475%
 Wages up to \$50,000 in a calendar quarter
 - No tax...but a return MUST still be filed

Financial 2.00%

All wages are subject to the tax
Includes Financial institutions and Net Proceeds of Minerals
entities.

NRS 363A.130. AB 483, 2015 legislative session

 Returns are due by the last day of the month following the quarter in which the tax was due (NRS 363B.110, NRS 363A.130)

(example: quarter ended September 30, return is due by October 31)

- Up to 10% penalty if late (NRS 360.417)
- Interest calculated at .75% per month on unpaid balance (NRS 360.417)

MODIFIED

BUSINESS

TAX

GENERAL

NEVADA DEPARTMENT OF TAXATION

MODIFIED BUSINESS TAX RETURN GENERAL BUSINESS (Effective July 1, 2015)

Mail Original To: NEVADA DEPARTMENT OF TAXATION PO BOX 52609 PHOENIX AZ 85072-2609

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TID NO:020-TX

FOR DEPARTMENT USE ONLY

PERIOD ENDING: 09/30/15 DUE BY: 11/02/15
DATE PAID: 08/11/15

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the address as shown is incorrect, please make any corrections before mailing the return. Use the space on the left for these corrections.

1. TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER	1.	
2a. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN):	2a.	
2b. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See Instructions)	2b.	
3. Line 1 minus Line 2a and Line 2b	3.	
4. Offset Carried Forward from Previous Quarter	4.	
5. Line 3 minus Line 4	5.	
6. TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 17)	6.	
7. ENTER THRESHOLD OF \$50,000.	7.	
8. TAXABLE WAGES (Line 5 minus Line 7, but not less than \$0)	8.	
9. CALCULATED TAX (Line 8 x .01475)	9.	
10. CREDITS (Overpayments or other approved credits, see instructions)	10.	
11. NET TAX DUE (Line 9 minus Line 10)	11.	
12. PENALTY (LINE 11 x 0% see instructions)	12.	
13. INTEREST (See instructions for current rate and calculation)	13.	
14. PREVIOUS DEBITS (Outstanding liabilities)	14.	
15. TOTAL AMOUNT DUE (Line 11 + Line 12 + Line 13 + Line 14)	15.	
16. AMOUNT PAID	16.	
17. CARRY FORWARD (If Line 5 is less than zero (0) enter amount here. This Offset will be carried forward for the next quarter).	17.	

Print Form

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER NAME OF PERSON SIGNING RETURN			I hereby certify that this return, including any accompanying schedules and statements, has be
Signature	Phone	Date	examined by me and to the best of my knowledge and belief is a true,
Title	FEIN of Business Named Above		correct and complete return. THIS RETURN MUST BE SIGNED



To e-mail, save this form to your computer and e-mail the attachment to: nevadaolt@tax.state.nv.us with the subject of 'Modified Business Tax Return'

TXR-020.04 MBT-GB Revised 07/14/15

This form is a universal form that calculate tax, interest and penalty for the appropriate periods if used online.

MODIFIED BUSINESS

TAX

FINANCIAL

Print Form

NEVADA DEPARTMENT OF TAXATION

MODIFIED BUSINESS TAX RETURN FINANCIAL INSTITUTIONS (Revised July 1, 2015)

Mail Original To: NEVADA DEPARTMENT OF TAXATION

PO BOX 52609 PHOENIX AZ 85072-2609

TID NO:021-TX			
FOR DEPARTMENT USE ONLY			
PERIOD ENDING	G: 09/30/15 💌		
DUE BY	r: 11/02/15		
DATE PAIL	D:		

IF POSTMARKED AFTER DUE DATE, PENALTY AND INTEREST WILL APPLY. If the address as shown is incorrect, please make any corrections before mailing the return. Use the space on the left for these corrections.

1.	TOTAL GROSS WAGES (INCLUDING TIPS) PAID THIS QUARTER	1.	
2a.	. ENTER DEDUCTION FOR PAID HEALTH INSURANCE/HEALTH BENEFITS PLAN):	2a.	
2b.	. ENTER DEDUCTION FOR QUALIFIED VETERANS WAGES (See Instructions)	2b.	
3.	NET WAGES (Line 1 minus Line 2a and Line 2b)	3.	
4.	Offset Carried Forward from Previous Quarter	4.	
5.	Line 3 minus Line 4	5.	
6.	TAXABLE WAGES (If line 5 is greater than zero enter amount here, if less than zero enter on Line 15)	6.	
7.	CALCULATED TAX 2% OR .02 X Line 6	7.	
8.	CREDITS (Overpayments or other approved credits, see instructions)	8.	
9.	NET TAX DUE (Line 7 minus Line 8)	9.	
10.	PENALTY (See Instructions for calculation)	10.	
11.	INTEREST (See instructions for current rate and calculation)	11.	
12.	PREVIOUS DEBITS (Outstanding liabilities)	12.	
13.	TOTAL AMOUNT DUE (Line 9 + Line 10 + Line 11 + Line 12)	13.	
14.	AMOUNT PAID	14.	
15.	CARRY FORWARD (If Line 5 is less than zero (0) enter	15.	
	amount here. This Offset will be carried forward for the next quarter)		

MAKE CHECK PAYABLE TO NEVADA DEPT OF TAXATION - A RETURN MUST BE FILED EVEN IF NO TAX LIABILITY EXISTS

ENTER NAME OF PERSON SIGNING RETURN			_	I hereby certify that this return, including any accompanying schedules and statements, has b
Signature	 Phone		Date	examined by me and to the best of my knowledge and belief is a true
Title	FEIN of B	usiness Named Above		correct and complete return. THIS RETURN MUST BE SIGNED
	 		To e-mail, save this form to y	our computer



To e-mail, save this form to your computer and e-mail the attachment to: nevadaolt@tax.state.nv.us

with the subject of 'Modified Business Tax Return'

MBT-FI

a universal form that calculate tax, interest and penalty for the appropriate periods if used online.

This form is

How is my business classified?

NAICS code

(North American Industry Classification System)

Your business is classified on its Federal Income Tax Return by this code

Wages

WHAT TO REPORT?

A: The wages you have reported to the Employment Security Department on their form NUCS-4072, line 3, "Employer's Quarterly Contribution and Wage Report"

NRS 362A.135
NRS 363B.115

Credits Allowed

Nevada Educational Choice Scholarship Program

A taxpayer who is required to pay a Modified Business Tax (MBT) per NRS 363A or NRS 363B may receive a credit against the MBT tax due for any donation of money made by the taxpayer to a scholarship organization. The taxpayer must:

- Notify the scholarship organization of the intent to donate and seek a credit per provisions of NRS 385.
- The scholarship organization must apply to the Department of Taxation for approval prior to accepting the contribution.
- The Department of Taxation, if approving the request, will notify the scholarship organization of the approved amount.
- Upon approval, the scholarship organization shall notify the taxpayer who must, not later than 30 days after receiving the notice, donate the money to the scholarship organization.
- Failure to meet the deadlines described above shall result in a forfeit of any claim to the credit by the taxpayer.

(AB165, 2015 Legislative Session, effective 4/13/2015)

Credits Allowed

Nevada Educational Choice Scholarship Program (continued)

Scholarship Organization must:

- be exempt from taxation per IRC 501(c)(3)
- not own or operate any school in this State
 - > including a private school which receives any grant money
- accept donations from taxpayers and other persons and may also solicit and accept gifts and grants
- provide grants on behalf of pupils who are members of a household whose income is not more than 300% of the federally designated level signifying poverty and may not exceed \$7,755 for fiscal year 2015-2016 and adjusted each July 1 per the Consumer Price Index (All Items)
- Not limit to a single school for which it provides grants

Credits Allowed

Nevada Educational Choice Scholarship Program (continued)

The cumulative amount the Department of Taxation may approve is as follows:

Fiscal Year 2015-2016: \$5,000,000 Fiscal Year 2016-2017: \$5,500,000

Fiscal years following: 110% of amount authorized in prior year

Carry forward excess contributions:

If the amount of tax the taxpayer is required to pay is less than the credit authorized, the taxpayer may carry the balance of the credit forward for not more than 5 years after the end of the calendar year in which the donation is made, or until the balance of the credit is applied, whichever is earlier.

Written Response

Most tax issues can be addressed by the Department of Taxation. Please be advised that any responses to inquires made to the Department are only binding if put in writing, such as Nevada Revised Statutes, Administrative Code, Nevada Tax Notes, or in written correspondence.

DEPARTMENT OF TAXATION Contact Information

Our offices are open Monday-Friday 8:00 AM - 5:00 PM

Contact our Call Center at 1-866-962-3707

Southern Nevada:

Grant Sawyer Office Building 555 E. Washington Avenue Suite 1300 Las Vegas, NV 89101 OR

2550 Paseo Verde Parkway Suite 180 Henderson, NV 89074

Carson City:

1550 College Parkway Suite 115 Carson City, NV 89706-7937

Reno:

4600 Kietzke Lane Building L, Suite 235 Reno, NV 89502