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|---|--|-------------|----|
| <p align="center">CITY OF PONDERAY PO BOX 500 PONDERAY, ID 83852 208-265-5468 kvandenberg@ponderay.org</p> <p align="center">LOCAL OPTION TAX RETURN</p> <p>Ponderay Tax Permit No. _____</p> <p>Reporting Period: _____</p> <p>Business Name: _____</p> <p align="center">**Include the Idaho Sales Tax Return**</p> <p><small>Tax payment is due on or before the 20th of the following month. This return must be filed, even if no tax is due. Additional forms may be found on the City's website.</small></p> <p align="center">www.cityofponderay.org Return Check Fee \$ 25.00</p> | 1. Gross Sales | \$ | |
| | 2. Non-taxable Sales | \$ | |
| | 3. Taxable Sales Over \$999.99 (include document) | \$ | |
| | 4. Total Taxable (less line 2 and 3) | \$ | |
| | 5. Total Tax (1% of line 4) | \$ | |
| | After Due Date add 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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