



CITY OF MACKAY

203 S MAIN STREET, MACKAY ID

This form must be completed and filed monthly, unless notice of business closure has been provided to the City of Mackay. Authority: City of Mackay Ordinance #450.

Please submit this form, a copy of your Idaho State Sales Tax Return, and your payment check no later than the 25th day of the month following the previous reporting period. Any incomplete forms will be returned and considered delinquent.

Date: _____

Business Name: _____

☐ Idaho State Sales
Tax Return has
been included*

Permit Number (Sales Tax #): _____

Address: _____

Phone: _____

Tax Period	____ / ____ / ____ to ____ / ____ / ____
Gross Taxable Sales (Line 5 of your Idaho State Sales Tax Return)	\$ _____
3.0% Option Tax Collected (Multiply Gross Taxable Sales by 3.0%)	\$ _____
Interest (See Ordinance #450)	\$ _____
Total Payment Enclosed	\$ _____

I/We the undersigned do hereby swear or affirm the above information is true and correct to the best of my knowledge.

Signature

Title

Date

*Please note: The amount shown on the State Sales Tax Return may not match the amount shown on this form as the items taxable by the City are limited to those specified in Ordinance #450, and do not include everything taxed by the State of Idaho.

PAYMENT & SUBMISSION

Make checks payable to **City of Mackay**. Checks and forms may be delivered in person to City Hall or mailed to:

City of Mackay
PO Box 509
Mackay, Idaho 83251