

Form F10 - Local Lodging & Restaurant Tax

Local Lodging Tax

North Dakota Office of State Tax Commissioner
SFN 22042 (9-2019)

(A) Check this box if this is an amended return.

Check this box if you are no longer in business and enter your last day of business

Account Number **99999933**

Due Date **MM/DD/YYYY**

MM/DD/YYYY

Period Ending **MM/DD/YYYY**

Check this box if this business has changed ownership. Provide name, address, and telephone number of new owner:

Taxpayer NameXXXXXXXXXXXXXXXXXX
Address1XXXXXXXXXXXXXXXXXXXXX
Address2XXXXXXXXXXXXXXXXXXXXX
City State ZipXXXXXXXXXXXXXX

NameXXXXXXXXXXXXXXXXXXXXX
AddressXXXXXXXXXXXXXXXXXXXXX
City, State, ZipXXXXXXXXXX
(999) 999-9999

Check this box if your address has changed.

Column A Local Lodging and Restaurant Tax (Lodging, Food, & Drinks)
RATE 9 %

Column B Local Lodging Tax (Lodging Only)
RATE 9 %

1. Total sales (do not include tax) -----	999999999999.00	999999999999.00
2. Nontaxable sales -----	999999999999.00	999999999999.00
3. Net taxable sales (subtract line 2 from line 1) -----	999999999999.00	999999999999.00
4. Tax amount (multiply line 3 by tax rate) -----	99999999999999	99999999999999
5. Penalty and interest (see instructions) -----	99999999999999	99999999999999
6. Total tax, penalty, and interest (add lines 4 and 5) -----	99999999999999	99999999999999
7. Total due with return (add Column A and Column B of line 6) -----	99999999999999	

Make check payable to North Dakota Tax Commissioner

Taxpayer Signature	Title	Date
Contact Person (Please Print or Type)	Contact Telephone Number	

NACTP

I declare that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Form F10 Local Lodging & Restaurant Tax Payment Voucher

North Dakota Office of State Tax Commissioner



Taxpayer NameXXXXXXXXXXXXXXXXXX
Address1XXXXXXXXXXXXXXXXXXXXX
Address2XXXXXXXXXXXXXXXXXXXXX
City State ZipXXXXXXXXXXXXXX

Account Number: **99999933**

Period Ending: **MM/DD/YYYY**

Amount of Payment: **9999999999**

Mail to: Office of State Tax Commissioner
PO Box 5623, Bismarck, ND 58506-5623

LDG

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North Dakota Office of State Tax Commissioner

SFN 22042 (9-2019)

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Check this box if you are no longer in business and enter your last day of business

Check this box if this business has changed ownership. Provide name, address, and telephone number of new owner:

Account Number

Due Date

Period Ending

Check this box if your address has changed.

Column A Local Lodging and Restaurant Tax (Lodging, Food, & Drinks)	
RATE	%

Column B Local Lodging Tax (Lodging Only)	
RATE	%

- | | | |
|--|--|--|
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| 7. Total due with return (add Column A and Column B of line 6) _____ | | |

Make check payable to North Dakota Tax Commissioner

Taxpayer Signature	Title	Date
Contact Person (Please Print or Type)	Contact Telephone Number	

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North Dakota Office of State Tax Commissioner



Account Number:

Period Ending:

Amount of Payment:

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PO Box 5623, Bismarck, ND 58506-5623

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