



**CITY OF TEXARKANA, ARKANSAS**  
DEPARTMENT OF FINANCE  
P.O. Box 2711 - Texarkana, Arkansas 75504  
Phone (870) 779-4989 - Fax (870) 772-8182

**RESTAURANT GROSS RECEIPTS TAX**

OWNER'S NAME(S) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

STATE TAX ID# \_\_\_\_\_

Total monthly gross receipts  
Reported to the STATE OF ARKANSAS \*\*\*\*\*

For period \_\_\_\_\_  
Total monthly gross receipts \_\_\_\_\_

\*\*\*\*\*ATTACH COPY OF REPORTS SUBMITTED TO STATE

1% of Monthly Gross Receipts (H-521 TAX LEVY) \_\_\_\_\_  
1% of Monthly Gross Receipts (L-276 TAX LEVY) \_\_\_\_\_

PURSUANT TO ORDINANCE H-521, DATED DECEMBER 21, 1989, AND ORDINANCE L-276, DATED DECEMBER 18, 2006, ONE PERCENT EACH, TOTALLING TWO PERCENT OF GROSS RECEIPTS ARE DUE TO THE CITY OF TEXARKANA, ARKANSAS ON THE 20<sup>TH</sup> DAY OF EACH MONTH FOR THE PRECEDING MONTH. A PENALTY OF \$50.00 PER DAY FOR EACH DAY THE TAX IS NOT PAID WILL BE ASSESSED BEGINNING WITH THE FIRST DAY OF THE MONTH AFTER THE DUE DATE. THE CITY RESEVES THE RIGHT TO VERIFY STATE OF ARKANSAS REPORTS, AND TO AUDIT BUSINESS RECORDS.

**Please make checks payable to:**                      **CITY OF TEXARKANA, ARKANSAS**  
**ATTN: TAX COLLECTOR**  
**PO BOX 2711**  
**TEXARKANA, AR 75504**

**We are on the web @ [www.txkusa.org](http://www.txkusa.org).**