

### DIVISION OF REVENUE AND TAXATION Department of Finance Commonwealth of the Northern Mariana Islands Monthly Bar and Occupancy Tax Return



	For Official Use Only - DO NOT write in this shaded box				
Form OS-3300 Check Check I if AMENDED return	Date filed:	DLN:			
Taxpayer's name	A. Taxpayer Identification Number	(TIN)     B. Filing period       M     M       M     Y       Y     Y			
DBA (Doing business as)	C. Telephone number ( )	D. Contact person			
Mailing address	E. Island	F. Village			
State, City and ZIP code		G. If final return, enter date			

## **BAR | OCCUPANCY TAX COMPUTATION**

1)	GROSS	REV	/EN	UE	•	•	•	•	•	•	•	•	•	•	•	•
2)	TAX ON	I LII	NE	1	•	•	•	•	•	•	•	•	•	•	•	•
3)	PRIOR F	ΡΑΥ	ME	NT	s o	N O	RIG	iINA	AL R	ETL	JRN	I (If	ар	plic	abl	e)
4)	DUE .	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
5)	OVERP#	٩D	•	•	•	•	•	•	•	•	•	•	•	•	•	•

BAR TAX	OCCUPANCY TAX
10% of line 1	15% of line 1

If overpaid, check if for refund. See instructions on reverse.

The amounts on Lines 4 and 5 above are separate liabilities and cannot be offset against each other. For example, if there is an amount due on Bar Tax and an overpayment on Occupancy Tax, you must pay the full amount of the Bar Tax and you will be refunded the overpayment of Occupancy Tax.

DECLARATION: Under penalty of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and accurately lists all amounts and sources of income during this reporting period. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Taxpayer's Name and Signature

Title

Date

	Preparer's Signature	Date	PTIN (if self-employed)	Firm's EIN			
PAID PREPARER							
USE ONLY	Firm's Name	Mailing address					

Type or print your name, business name, mailing address, state, city, and zip code, island location, village, telephone number and the contact person in the space provided. Enter the doing business as (DBA) (optional). DBA is the name under which the taxpayer operates as; e.g. "John Doe's Restaurant".

Please type or write legibly your nine digit taxpayer identification number (TIN). If you do not have one, please apply at the Division of Revenue and Taxation. Enter the monthly filing period as numbers in the box (for example, September is 09). If this is a final return, enter the date when the business was closed or dissolved in the box provided.

Bar Tax is imposed upon any person doing business in any establishment located in the Commonwealth which is licensed to serve alcoholic beverages for consumption on the premises of the establishment, a tax in the amount of 10 percent of the total charge for any alcoholic beverage sold or consumed at the establishment. "Alcoholic beverage" means any beverage containing alcohol.

Occupancy tax is imposed upon transient occupants of a room or rooms in a hotel, lodging, motel, resort motel, apartment motel, or condominium located in the Commonwealth. The tax shall be 15 percent of the amount charged or paid for the accommodations. A "Transient occupant of a room or rooms in a hotel, lodging house or similar facility" means a person who occupies such facilities in a specific location for less than 90 consecutive days.

# BAR | OCCUPANCY TAX COMPUTATION

#### Bar Tax computation for this month

- Line 1. Gross revenue Enter the amount of revenue for this month subject to bar tax.
- Line 2. Tax for this month Multiply the amount on line 1 by 10 percent (.10).
- Line 3. Prior payments made on original return this month, if any Enter bar tax payments made on original return for this month, if any.
- Line 4. Tax due this month If line 2 is more than line 3, subtract line 3 from line 2. This is the amount due. Pay this amount.
- Line 5. Tax overpaid If line 3 is more than line 2, subtract line 2 from line 3 and enter the difference. This is the amount overpaid.

#### **Occupancy Tax computation for this month**

- Line 1. Gross revenue Enter the amount of revenue for this month subject to occupancy tax.
- Line 2. Tax for this month Multiply the amount on line 1 by 15 percent (.15)
- Line 3. Prior payments made on original return this month, if any Enter occupancy tax payments made on original return for this month, if any.
- Line 4. Tax due this month If line 2 is more than line 3, subtract line 3 from line 2. This is the amount due. Pay this amount.
- Line 5. Tax overpaid If line 3 is more than line 2, subtract line 2 from line 3 and enter the difference. This is the amount overpaid.

If line 4 shows a tax due, **pay this amount**. Make your check or money order payable to "CNMI Treasurer". If line 5 shows an **overpayment**, **check the box provided**. This constitutes your application for refund. The Division of Revenue and Taxation will verify the amount and process your refund accordingly.

### **Filing Deadline**

File on or before the 20th day of the following month. For example, a return for the month of January is due on the 20th day of February. If you file and/or pay your tax after the deadline, penalty and interest charges shall apply. Be sure to include applicable penalties and interest in your payment, or you will be billed and penalties and interest will continue to accrue until all charges are paid.

### **Declaration and Signature**

All returns must be signed by a natural person. No return shall be complete unless signed by the taxpayer of other authorized person.

#### If filing by mail send to:

Division of Revenue and Taxation P.O. Box 5234 CHRB Saipan, MP 96950