



City of Sherwood
A&P Commission

Sherwood Advertising and Promotion Gross Receipts 2% Tax Monthly Report

Required by Sherwood Ordinance No. 1909 and 2247

RETURN THIS COPY FOR PROPER CREDIT

Date Prepared _____ for Month/Year: _____

A & P Tax Permit # _____

Business Name (*as stated on Sherwood A & P Permit*) _____

Owner's/Corporation Name _____

Physical Address _____

Questions: 501-835-5319

Make checks payable to: City of
Sherwood A&P Commission

Mail to: A&P Commission
P.O. Box 6256
Sherwood, AR 72124

Online payments:
www.cityofsherwood.net

Computation of Tax (DO NOT ROUND UP/DOWN AMOUNTS)

1. Total Gross Receipts/Sales: \$ _____
2. Deductions (**must** be itemized below):
 - 2a. Deduct alcohol: \$ _____
 - 2b. Deduct non-prepared food items: \$ _____
 - 2c. Deduct cigarettes/smoking products: \$ _____
 - 2d. Deduct gasoline: \$ _____
2. Total Deductions (add 2a-2f): \$ _____
3. Taxable Gross Receipt Amount (deduct #2) \$ _____
4. A & P Taxes Collected (2% of #3): \$ _____
 - 4a. Deduct 2% discount from #4 (*if paid by the 20th of each month for taxes collected previous month*): \$ _____
 - 4b. Add 5% penalty to #4 for each month past due (*if paid after last day of month taxes are due*): \$ _____
(EX. 1st month 5%; 2nd month 10%; 3rd month 15%; etc. not to exceed 35%)
5. Total Taxes Due: \$ _____
6. Total A & P Tax Remittance: \$ _____

I hereby state, avow and affirm that the statements contained herein are full, true, and correct, as required by provisions of AR Code ANN. §26-18-201 et. seq. I also agree that the total taxable receipts shown on this report agree with the total amount reported to the State Revenue Commissioner.

Signature of Owner, Officer, or Authorized Agent

Print Name and Title

Phone: _____

Email (print): _____