

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
**TAXICAB AUTHORITY**  
2090 E. Flamingo Road, Suite 200  
Las Vegas Nevada 89119  
Telephone (702) 668-4000 • Fax (702)668-4001  
<http://taxi.nv.gov>

**TRIP CHARGE RETURN**

For the Month Ending .....

COMPANY:.....

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1. Number of shifts operated:..... \_\_\_\_\_
- 2. Revenue from taxicab fares:..... \$ \_\_\_\_\_
- 3. Number of trips:..... \_\_\_\_\_
- 4. Trip Charge= Line #3 x \$.20..... \$ \_\_\_\_\_
- 5. Add: Debit from prior month..... \_\_\_\_\_
- 6. Subtract:..... \_\_\_\_\_
- 7. TOTAL AMOUNT DUE TO Nevada Taxicab Authority ..... \$ \_\_\_\_\_

**Amount shown on line 7 is due and payable to the Authority monthly, on or before the 10th day of the month following the month in which they are collected in accordance with NAC 706.507.**

.....  
**Signature**

.....  
**Title**

.....  
**Date**