

**TRANSACTION PRIVILEGE  
ACTIVITY REPORT- Destination Marketing Program**

**City of Sedona**

Financial Services Department  
102 Roadrunner Drive  
Sedona, Arizona 86336

Return is due the 20<sup>th</sup> day of the month following the reporting period. The numbers reported here need to match the numbers on your RDS report.

TAXPAYER INFORMATION		
BUSINESS NAME		
DBA		
ADDRESS		
CITY	STATE	ZIP
RDS NUMDER		

STATE LICENSE NUMBER:
TAXPAYER IDENTIFICATION NUMBER:
EIN      SSN
TAX PERIOD COVEREDBEGINNING:
CITY USE ONLY
POSTMARK DATE
RECEIVED DATE

The City of Sedona has made a sizable investment the Sedona Chamber's Destination Marketing Program. In order to analysis the return on investment more information is needed. This information is 100% confidential just as all Transaction Privilege Information is. As a sale tax generator, Thank you for your contributions to our city.

**TRANSACTION DETAIL (Sedona City Limits)**

BUSINESS DESCRIPTION	REGION CODE	BUSINESS CLASS	GROSS AMOUNT	DEDUCTION AMOUNT	NET TAXABLE	TAX RATE	TOTAL TAX AMOUNT	

**SEDONA CHAMBER - TOURISM DETAILS**

<b>MEMBERSHIP TYPE</b> (Please Check all that Apply)			<b>YOUR COMPANIES CONTRIBUTIONS TO CHAMBERS PROGRAM</b> (Payments made to Chamber)		
CHAMBER	TOURISM BUREAU	Not a Chamber Member	ANNUAL DUES	OTHER CONTRIBUTIONS TO CHAMBER	MISC

**LODGING DETAILS & ACTIVITY**

NUMBER OF ROOMS	ROOMS SOLD	PERSONS TOTAL	
<b>LEAD SALES ACTIVITY – LIST SALES BY CATEGORY</b>			
CATEGORY DECRPTION	NET TAXABLE	CATEGORY DECRPTION	NET TAXABLE
<b>FIT</b> Foreign independent tour		<b>DESTINATION MARKETING</b> CHAMBER PROGRAM	
<b>BUS</b>		<b>OTHER-</b>	
<b>WALK IN</b>			
<b>SMERF</b> social, military, educational, religious, fraternal		<b>WEDDING/EVENTS</b>	

TRANSACTION PRIVILEGE

ACTIVITY REPORT- Destination Marketing Program

OTHER TRADES- RETAIL RESTAURANTS DETAILS & ACTIVITY

LEAD SALES ACTIVITY – LIST SALES BY CATEGORY			
CATEGORY DESCRIPTION	NET TAXABLE	CATEGORY DESCRIPTION	NET TAXABLE
DESTINATION MARKETING CHAMBER PROGRAM		WEDDINGS / EVENTS	
OTHER-		LOCAL TRADE	
		VISITOR TRADE	

TAXPAYERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

Please mail to:

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