



# 2016 ANNUAL SURVEY OF STATE GOVERNMENT TAX COLLECTIONS

OMB No. 0607-0585: Approval Expires 07/31/2017

## DUE DATE:

### Need help or have questions?

- **Visit**  
census.gov/govs/statetax
- **Call**  
1-866-820-7210 weekdays,  
7AM to 5PM ET
- **Email**  
ewd.statetax@census.gov

## WORKSHEET

DO NOT use this worksheet to respond to the survey, it is intended to assist you with gathering and preparing your data prior to reporting.

Worksheet - Do Not Return

## GENERAL INSTRUCTIONS

**Before filling out this worksheet,** please read carefully each part and all related definitions and instructions.

### Note especially:

1. Report figures for the system's fiscal year which **ended between October 1, 2015 and September 30, 2016.**
2. Do **not** delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.
3. Report any changes in tax laws or administration which materially affected tax yields within the fiscal year (*i.e., tax repeal, new taxes, major changes in rates, bases, exemptions, or collection timing*) in **4** REMARKS.

**1** Is the addressee title/department and mailing address the same as shown in the address label?  
Mark "X" only one box.

Yes - Go to **2**

No - Enter correct information below

Addressee Title or Department

ATTN:

Street 1

Street 2

City

State

Zip Code

<input type="text"/>									
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Worksheet - Do Not Return

**PART 1 – ENDING DATE OF FISCAL YEAR**

**2** Which one of the following indicates the ending date of the system’s fiscal year that ended between October 1, 2015 and September 30, 2016? Use this fiscal year even though a more recent one may be available. Mark "X" only one box.

<b>2015</b>		<b>2016</b>	
<input type="checkbox"/> October	<input type="checkbox"/> January	<input type="checkbox"/> April	<input type="checkbox"/> July
<input type="checkbox"/> November	<input type="checkbox"/> February	<input type="checkbox"/> May	<input type="checkbox"/> August
<input type="checkbox"/> December	<input type="checkbox"/> March	<input type="checkbox"/> June	<input type="checkbox"/> September

**PART 2 – RECEIPTS**

**3** What was the amount of tax collections for this government during the fiscal year indicated in **2**?

**Include**

- Aggregates for each tax source comprising amounts received by all funds and agencies of this State government
- Amounts of protested taxes which have been transferred to revenue accounts because of legal or administrative determination
- Collections of delinquent taxes and applicable penalties and interest
- Taxes imposed and received by this State government which are subsequently distributed to local governments

**Exclude**

- Protested taxes paid into suspense funds
- Locally collected and retained amounts of State imposed taxes
- Amounts representing discounts or commissions allowed taxpayers
- Amounts retained by local government or local officials representing tax collection costs or fees
- Amounts representing transfers between funds (except for protested taxes in revenue accounts) or amounts collected in a prior fiscal year

		\$Bil.	Mil.	Thou.	Dol.
<b>A. Property taxes</b> – All taxes on property, real or personal . . . . .	T01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>B. Sales taxes</b>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1. General sales and gross receipts taxes . . . . .	T09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Alcoholic beverage sales tax . . . . .	T10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Amusement sales tax . . . . .	T11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Insurance premiums sales tax . . . . .	T12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Motor fuels sales tax . . . . .	T13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Parimutuels tax . . . . .	T14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Public utilities sales tax . . . . .	T15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Tobacco products tax . . . . .	T16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Other sales tax . . . . .	T19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Worksheet - Do Not Return

Worksheet - Do Not Return

**C. Licensing and permit taxes** – (e.g., Licensing and permit fees exacted *(either for revenue raising or for regulation)* as a condition to the exercise of a business or nonbusiness privilege.)

	\$Bil.	Mil.	Thou.	Dol.
1. Alcoholic beverages licensing and permit taxes . . . . . T20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Amusements licensing and permit taxes. . . . . T21	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Corporation in general licensing and permit taxes . . . . . T22	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Hunting and fishing licensing and permit taxes. . . . . T23	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Motor vehicles licensing and permit taxes . . . . . T24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Motor vehicles operators licensing and permit taxes. . . . . T25	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Public utilities licensing and permit taxes . . . . . T27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Occupation and business licensing and permit taxes <i>(not reported above)</i> . . . . . T28	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Other licensing and permit taxes. . . . . T29	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**D. Income taxes**

1. Individual income taxes. . . . . T40	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Corporation net income tax. . . . . T41	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**E. Other taxes**

1. Death and gift taxes . . . . . T50	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Documentary and stock transfer tax . . . . . T51	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Severance tax . . . . . T53	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Other taxes – *Specify:* ↴


..... T99	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------	----------------------	----------------------	----------------------	----------------------

Worksheet - Do Not Return

Worksheet - Do Not Return

**4 Use this space for any explanations that may be essential in understanding the reported data.**

**Include**

- Any significant changes occurring within the last year
- Any changes in tax laws or administration which materially affected tax yields within the fiscal year
- Any difficulties encountered in completing this worksheet

**5 Who should be contacted to answer questions about data reported on this worksheet?**

Name of contact person

Title of contact person



Area code and phone number

Extension

Area code and fax number

□ □ □ □	□ □ □ □	□ □ □ □ □ □
---------	---------	-------------

□ □ □ □ □ □
-------------

□ □ □ □	□ □ □ □	□ □ □ □ □ □
---------	---------	-------------

Email Address - Please print

Date form was completed  
(MM) (DD) (YYYY)

□ □	□ □	□ □ □ □
-----	-----	---------

**Thank you for completing this worksheet.  
Retain a copy of the completed questionnaire for your records.**

**NOTE:** Title 13, United States Code, Sections 161 and 182 authorizes the Census Bureau to conduct this collection and to request your voluntary assistance. These data are subject to provisions of Title 13, United States Code, Section 9(b) exempting data that are customarily provided in public records from rules of confidentiality.

This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0585 and appears at the upper right of this worksheet. Without this approval we could not conduct this survey.

Please note that this is a national form that applies to governments with wide differences in the size of their service areas, the amount of population served, and the extent and complexity of their activities. Public reporting burden for this collection of information is estimated to vary from 1.5 hours to 10 hours per response, with an average of 3.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.