



2014 ANNUAL SURVEY OF STATE GOVERNMENT TAX COLLECTIONS

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

DUE DATE:

RETURN TO:

U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001

Need help or have questions?

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

In correspondence pertaining to this report, please refer to the User ID below the address box.

GENERAL INSTRUCTIONS

Before filling out this form, 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, 2013 and September 30, 2014.**
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.
4. Use a black or blue ballpoint pen. Do not use pencil or felt-tip pen.

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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, 2013 and September 30, 2014? Use this fiscal year even though a more recent one may be available. Mark "X" only one box.

2013		2014	
<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.
A. Property taxes – All taxes on property, real or personal	T01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Sales taxes		<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"/>



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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 (not reported above) 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"/>
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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 form

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

Name of contact person - Please print

Title of contact person - Please print

Area code and phone number

Extension

Area code and fax number

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Email Address - Please print

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

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

NOTE: The U.S. Census Bureau receives its authorization to conduct this survey from Title 13, United States Code, Section 182. This form has been approved by the Office of Management and Budget (OMB) and given the number 0607-0112. Please note the number displayed in the upper right-hand corner of this form. Display of this number confirms that we have approval from OMB to conduct this survey. If this number was not displayed, under the Paperwork Reduction Act, we could not request your participation in this voluntary survey. Information provided on this questionnaire compiled from or customarily provided in public records are exempt from confidential treatment as cited in Title 13, United States Code, Section 9.

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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0112, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use Paperwork Project 0607-0112 as the subject.



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