

RETURN ORIGINAL

CITY OF KELSO BUSINESS and OCCUPATION TAX REPORT ANNUAL

Questions? (360) 423-0900

ALL BUSINESSES MUST FILE A BUSINESS AND OCCUPATION TAX REPORT

ACCOUNT NUMBER

You must pay Business and Occupation Tax when the total of your annual taxable gross receipts exceed the following levels for your business classification(s).

Table with 2 columns: Classification, Annual Taxable Gross Receipts. Rows: Services (\$20,000), All other Classifications except utilities (\$20,000)

NAME, ADDRESS, CITY, STATE, ZIP CODE

LOCATION

BE SURE THAT NAME, ADDRESS, AND ZIP CODE ARE CORRECT

PERIOD, DATE DUE

Need a form? See: www.kelso.gov

Main tax table with columns: BUSINESS CLASSIFICATION, GROSS RECEIPTS AMOUNT, DEDUCTIONS, TAXABLE AMOUNT, X RATE, TAX DUE. Rows: Contracting, Wholesale, Manufacturing, Retail, Services, Utilities.

OFFICE USE ONLY RECEIPT NUMBER

PENALTY: 1 to 30 days late add 9% of tax due (minimum penalty \$5.00) 31 to 60 days late add 19% of tax due (minimum penalty \$5.00) 61 or more days late... add 29% of tax due (minimum penalty \$5.00)

MAIL TAX RETURNS TO: City of Kelso, 203 S. Pacific, Kelso, WA 98626

PLEASE MAKE CHECK PAYABLE TO: City of Kelso

LINE A - Total of Column 6

LINE B - Penalty

LINE C - Overpayment/Underpayment (-) = Credit Balance (subtract) Positive amount = Balance due (add)

LINE D - Total Tax and Penalty (Attach Payment)

If there has been a sale or transfer of the business or if the business ceased operation during this period, then fill in the following information.

Date Discontinued _____ 20__ Address _____

Name of New Owner _____ Clerk's Receipt No. _____ Amount Paid _____

Table with 4 columns: Type of Deduction, Explanation, Amount, Examples of the most common exemptions and deductions: (Liquor, beer and wine sales, Manufacturing, etc.)

STATEMENT BY TAX PAYER

I/we hereby certify under the penalties of perjury that the sum above shown is the amount of tax for which I am/we are liable for the period above shown under and computed according to the provisions of this Ordinance.

SIGNED _____ (Firm Name)

DATE _____

BY _____ (Authorized Agent)

TITLE _____