#### **RETURN ORIGINAL**

BY \_\_\_\_

(Authorized Agent)

## CITY OF KELSO BUSINESS and OCCUPATION TAX REPORT

Questions? www.kelso.gov

REPORT MUST BE SUBMITTED EVEN WHEN THERE IS NO TAX TO BE PAID

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TITLE\_\_\_\_

Notice to tax payer: Failure to pay within the 45 day period subjects taxpayer to civil and criminal action.

BE SURE THAT NAME, ADDRESS, AND ZIP CODE ARE CORRECT  DUBRIES CLASSIFICATION	NAME								PERIOD	DATE DUE
BE SURE THAT NAME, ADDRESS, AND ZIP CODE ARE CORRECT  COLUMN 3  DUBBRISS CALSBIRD ON DON  Bingo 1  Raffles 2  Amusement Games 3  Punch Boards 4  Pull Tabs Commercial 5  Card Rooms 6  Pull Tabs Non Profit-Charitable 7  MAIL TAX RETURNS TO: C/O Clerk/Treasurer City of Kelso PD 80x 819 Kelso, WA 98626  PLEASE MAKE CHECK PAYABLE TO: City of Kelso PLEASE MAKE CHECK PAYABLE TO: City of Kelso PUll Tabs Software To City of Kelso PD 80x 819 Kelso, WA 98626  PLEASE MAKE CHECK PAYABLE TO: City of Kelso PLINE B - Total of Column 6  LINE B - Penalty Line C - Coursyment Underpayment (a) Secretive Maintenant (a) Section of the business (70) in one day definition of the business (70) in one day of 100 in the business (70) in one day definition of the busi	CITY, STATE									
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Pull Tabs Commercial  Card Rooms 6  Pull Tabs Non Profit-Charitable 7  MAIL TAX RETURNS TO: C/O Clerk/Treasurer City of Kelso PO Box 819 Kelso, WA 98626  PLEASE MAKE CHECK PAYABLE TO: City of Kelso PO Box 819 Kelso, WA 98626  PLEASE MAKE CHECK PAYABLE TO: City of Kelso PO Box 819 Kelso, WA 98626  PLEASE MAKE CHECK PAYABLE TO: City of Kelso PO Box 819 Kelso, WA 98626  PLEASE MAKE CHECK PAYABLE TO: City of Kelso PO Box 819 Kelso, WA 98626  PLINE B - Penalty LINE C - Orappayment/Undersyment (a) Forty-live (46) based elinquent-10% of the tax, with minimum penalty of \$1.00. Forty-six (46) to Seventy-five (75) days delinquent-15% of the tax, with minimum penalty of \$2.00 Seventy-six (76) to more days delinquent-20% of the tax, with minimum penalty of \$3.00  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 Seventy-six (76) to more days delinquent-20% of the tax, with minimum penalty of \$2.00 Seventy-six (76) to more days delinquent-20% of the tax, with minimum penalty of \$2.00 Seventy-six (76) to more days delinquent-20% of the tax, with minimum penalty of \$2.00 Seventy-six (76) to more days delinquent-20% of the tax, with minimum penalty of \$2.00 Seventy-six (76) to more days delinquent-20% of the tax, with minimum penalty of \$2.00 Seventy-six (76) to more days delinquent-10% of the tax, with minimum penalty of \$2.00 Seventy-six (76) to more days delinquent-10% of the tax, with minimum penalty of \$2.00 Seventy-six (76) to more days delinquent-10% of the tax, with minimum penalty of \$2.00 Seventy-six (76) to more days delinquent-10% of the tax, with minimum penalty of \$2.00 Seventy-six (76) to more days delinquent-10% of the tax, with minimum penalty of \$2.00 Seventy-six (76) to more days delinquent-10% of the tax, with minimum penalty of \$2.00 Seventy-six (76) to more days delinquent-10% of the tax, with minimum penalty of \$2.00 Seventy-six (76) to more days delinquent-10% of the tax, with minimum		3		6		P 1		0.02		
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Date Discontinued	If there has been a s	ale o	r transfer of the business his period, then fill in the	, or if the bu following inf	siness formatio	n. return aı	nd certifie	s it to be cor	rect.	
Name of New Owner					Dated this day of 20					
Address	Name of				Firm Name					
Clerk's Amount Paid Report must be filed regardless of the amount of the tax. Be sure to complete and sign this form.  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. I/we further certify that the information herein given and the amount of the tax liability herein reported are full and true and I/we know the same to be so.  SIGNED	Address				Title	Title Phone				
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. I/we further certify that the information herein given and the amount of the tax liability herein reported are full and true and I/we know the same to be so.  SIGNED	Clerk's Amount			Report r	Report must be filed regardless of the amount of the tax. Be sure to					
SIGNED DATE	I/we hereby certify u shown under and co	nder mpu	the penalties of perjury the daccording to the provi	sions of this	s Ordina	nce. I/we furt				
	SIGNED							DATI	E	

# How to Prepare Your Business License Tax Form

Columi	Enter in column 2 (on the line or lines of your business classification) the "gross proceeds of sales," "gross income" or "value of products."
Column	Enter the total amount of allowable deductions or exemptions from the gross amount to be claimed. Deductions must be itemized in the area provided in the lower part of the tax form.
Colum	Subtract the amount in column 3 from the amount in column 2 and enter the balance in column 4.
Column	Multiply the amount in column 4 by the tax rate shown in column 5 and enter the result in column 6. This amount is your tax due.

Line A Add the amounts on lines 1 through 6 in column 6 and enter the total on line A.

Line B Enter penalty amount, if any - - refer to instructions below.

Line D Add the amounts of tax (Line A) and the penalty (if any - - Line B) and subtract the overpayment/ credit (if any - - Line C) and enter here. Remit this amount.

### Penalties - - Important Instructions

Avoid Penalties: If your return is not received (Postmarked) by the first working day following the due date, the following penalties are imposed:

Five dollars or (9%) percent of the tax due (whichever is greater) If postmarked after the due date; or Five dollars or nineteen (19%) percent of the tax due (whichever is greater) If postmarked after the last day of the first month following the due date: or

Five dollars or twenty-nine (29%) percent of the tax due (whichever is greater) if postmarked after the last day of the second month following the due date.

#### General Instructions

If you change your business location, please advise this department of your new address.

Use the pre-addressed tax return form. However, should another form be used, please include your name, address, customer number, obligation number and the period for which the return is being filed.

Do not send currency - - make your check payable to the "City of Kelso"; please include your business license number on the check.

A tax return is not deemed "filed" until received by the Finance Department. If no tax is due, the return is not deemed "filed" until received.

All taxes due must be paid at the time this return is filed. Penalty may be assessed if payment is delayed either because your check is (1) unsigned or (2) returned by your bank due to insufficient funds.

If you have discontinued or sold your business, indicate on the return that it is a final return, reflect the date business was discontinued and show the name of the new owner, if any.

If deductions are not explained they will be deemed invalid.

#### Questions

Please write this department if you have questions concerning completing this form or concerning your taxability. Address your inquiries to City of Kelso, PO Box 819, Kelso, WA 98626. Please include your customer number. You may also reach us at (360) 423-0900 or www.kelso.gov.