BUSINESS and OCCUPATION TAX REPORT

Under City of Snoqualmie Municipal Code Title 5

CITY OF SNOQUALMIE
PO BOX 987
SNOQUALMIE, WA 98065
425-888-1555

Acct #
Cust #

Directions

1. Refer to SMC Title 5
2. **Please** file report & payment together
3. Make remittance payable to City of Snoqualmie
4. Report must be filed regardless of amount of tax due by due date
5. *PENALTIES must be added if return and/or remittance are late.

☐ **No Longer Doing Business In Snoqualmie/Final Return/Close**

Business Name & Mailing Address

	REPORTING PERIOD	DUE DATE

Business Classification	Gross Receipts		Deductions (Show Detail Below)		** Taxable Amount		Rate	Tax Due		OFFICE USE ONLY
UTILITIES>**Note type**							**.0600**			
UTILITIES – Solid Waste							**.0900**			
MANUFACTURING							**.0015**			
WHOLESALE/ RETAIL							**.0015**			
CONSTRUCTION/ REPAIR							**.0015**			
FINANCIAL INSTITUTIONS							**.0015**			
OTHER							**.0015**			
PROFESSIONAL SERVICES							**.0015**			
SCHOOL/DAY CARE/ NURSING							**.0015**			
** **Gross Receipts of $5000 or less** after deductions for reporting period are exempt from payment of this tax. This report however must be filed by the due date to avoid penalties (Exemption does not apply to Utilities). *Penalties: Payment and/or reports received 1 to 30 days late, add 5% of tax due (**MINIMUM PENALTY OF $5.00**): 31 TO 60 days late, add 15% of tax due (MINIMUM PENALTY OF $5.00): 61 or more days late, add 25 % of tax due (MINIMUM PENALTY OF $5.00).					**Total Tax Due					
					*Penalties–**Minimum $5.00**					
					Multiple Activities Tax Credit (From Reverse Side)					
					Total Tax & Penalty **(Please Include Payment With Report)**					

DEDUCTIONS – Detail of Deductions

Type of Deduction	Explanation	Amount

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 SMC Title 5. I/we further certify that the information herein given and the amount of tax liability herein reported are full and true and I/we know the same to be so.

SIGNED _____ DATE _____
(Firm Name)

BY _____ TITLE _____
(Authorized Agent)

THIS RETURN MUST BE FILED REGARDLESS OF THE AMOUNT OF TAX DUE