



**Square Footage Business & Occupation Tax
Certification of Vacancy
Quarterly Exemption Form**

Exemption is being claimed for Tax Reporting Period (Quarter/Year): _____

Entity Name:
Doing Business As (DBA):
North Bend Business License #:
Vacant Structure Physical Address:
City, State, Zip:
Parcel ID # (if known):
Total Taxable Floor Area:
Mailing Address (if different):
City, State, Zip:
Email Address:
Phone Number:

Date of initial vacancy of structure: _____

Number of consecutive tax reporting periods exemption has been previously claimed: _____

An exemption may be claimed for no more than eight consecutive quarterly periods.

Statement by Taxpayer: I/we hereby certify under penalty of perjury that the business structure for which I am claiming an exemption from the Square Footage Business and Occupation Tax was vacant for the entire quarterly reporting period in which tax would otherwise be due.

Signature: _____

Date: _____

Name: _____

Title: _____