

CITY OF NORTH BEND BUSINESS AND OCCUPATIONAL TAX REPORT

ALL BUSINESSES MUST FILE A BUSINESS AND OCCUPATIONAL TAX REPORT

Under City of North Bend Municipal Code Chapter 5.04, 5.05, & 5.06

You must pay business and occupational tax when the total of your quarterly taxable gross receipts exceed the following levels for your business classification.

CLASSIFICATION	QUARTERLY TAXABLE GROSS RECEIPTS
Utilities	\$150.00
All Other Classifications	\$5,000.00

BUSINESS ACCT NUMBER

PERIOD	DUE DATE

NAME ADDRESS CITY, STATE, ZIP	
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PERIOD	DUE DATE
1 = (JAN, FEB, MAR)	4/30
2 = (APR, MAY, JUN)	7/31
3 = (JUL, AUG, SEP)	10/30
4 = (OCT, NOV, DEC)	1/31

COLUMN 1 BUSINESS CLASSIFICATION		COLUMN 2 GROSS RECEIPT AMOUNT	COLUMN 3 DEDUCTIONS	COLUMN 4 TAXABLE AMOUNT	COLUMN 5 X RATE	COLUMN 6 TAX DUE
UTILITIES	1				.06	
MANUFACTURING	2				.002	
WHOLESALE	3				.002	
RETAIL	4				.002	
CONSTRUCTION REPAIR	5				.002	
FINANCIAL INSTITUTIONS	6				.002	
SERVICES	7				.002	
NURSERY/SCHOOL/ DAYCARE	8				.002	
OTHER	9				.002	

PENALTY: 1 to 30 days lateadd 9% of tax due (minimum penalty \$5.00) 31 to 60 days lateadd 19% of tax due (minimum penalty \$5.00) 61 to 90 days lateadd 29% of tax due (minimum penalty \$5.00)	LINE A - Total of Column 6	
	LINE B - Penalty	
	LINE C - Account Balance	
	LINE D - Total Tax and Penalty	

Type of Deduction	Explanation	Amount	Examples of the most common exemptions and deductions:
			<ul style="list-style-type: none"> Liquor, beer, and wine sales Manufacturing, selling, or distribution of motor vehicle fuel Cash discounts taken by customers Credit losses or bad debts sustained by customers

MAIL TAX RETURN TO: City of North Bend 920 SE Cedar Falls Way North Bend, WA 98045	MAKE CHECKS PAYABLE TO: City of North Bend Contact Juanita Smart at 425-888-7636 or email jsmart@northbendwa.gov
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STATEMENT BY TAXPAYER

I/we hereby certify under the penalties of perjury that the sum above shown in the amount of tax for which I/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 _____

DATE _____

BY _____

TITLE _____