

BUSINESS AND OCCUPATION TAX REPORT

Citv of Rov Phone (253) 843-1113 Fax (253) 843-0279 PO Box 700; Roy, WA 98580-0700

http://cityofroywa.us

□Quarter □Month □Annual Roy Business License # ____ Quarter LIMONTH LIANNUAL Roy Business License # _____ Period Ending: ___/___/ Report must be filed even when no tax is due. Return is due by the last day of the month following the end of the reporting period.

If this is the final return, date business was discontinued: ___/___. Please complete box at bottom.

Legal Name of Firm:

Doing business as:

Address:

Tax Classification Gross Receipts		Deductions As Below	Taxable Receipts		Tax Rate	Tax Due
Extractor,						
Manufacturing, Wholesale					0.001	
Retail Sales, Printing, Services					0.002	
Other Business					0.002	
Total*		*If total Gross Receipts are less than \$5000 per quarter or \$20,000 per year, no tax is due.				
PENALTIES (minimum \$5.00) if payment of tax due is not received when due: 9% if not received by the due date				Total of Tax Due		
19% if not received by the last day of the month following the due date 29% if not received by the last day of the second month following the due date					Penalties	
DEDUCTIONS: Credit losses \$ Cash discounts \$					e Activities Tax Credit	
Motor vehicle fuel sa	les \$					
Other (interstate comme activities, etc.) Explain:			ancial			
\$					Total Due	
Please explain any	changes in busi	ness or added a	ctivities:			
FINAL RETURN INF If there was a sale of		usiness, name of r	new owner:			

If additional space is needed, please attach supplementary sheets of this size.

The undersigned declares that he has read the foregoing return and certifies it to be complete and true, in accordance with the provisions of Roy City Code, Title 4, Chapter 1. This return is not complete without signature.

Signature Printed Name Date Please do <u>not</u> submit report via certified or registered mail. Postmark is filing date. Thank you.