

QUARTER ENDING:

TAX RETURN DUE DATE:

COMBINED QUARTERLY CITY TAX RETURN

Use this form to report tax liability as required by Chapters 4.82, 4.83 and 4.89 of the Hoquiam City Code.

City License #:

INDICATE BUSINESS INFORMATION CHANGES HERE

(If address change, please indicate if change is mailing address, or physical address or both.)

PLEASE VERIFY ACCURACY OF ABOVE INFORMATION

INSTRUCTIONS: MAKE REMITTANCE BY THE LAST DAY OF THE CALENDAR MONTH FOLLOWING THE END OF THE QUARTERLY PERIOD TO AVOID A PENALTY. IF GROSS B & O REVENUE IS UNDER \$5000.00, NO TAX IS DUE; HOWEVER, THE RETURN MUST BE FILED EVEN THOUGH NO TAX IS DUE, OTHERWISE A PENALTY WILL BE IMPOSED.

Line No.	Business Classification Col. 1	Gross Revenue Col. 2	Deductions (Details in Section II below) Col. 3	Taxable Income (Col. 2 - Col. 3) Col. 4	Tax Rate Col. 5	Tax Due (Col. 4 X Col. 5) Col. 6	CITY USE ONLY
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SECTION I: BUSINESS AND OCCUPATION TAX

1	Retail				.002		
2	Professional & Other Services				.002		
3	Wholesale				.002		
4	Manufacturing				.002		
5	Extracting				.002		
6	Construction Contractors				.002		
7	Telephone				.06		

**SECTION II
 Exemption and Deduction Detail
 (Column 3 above)**

Line # Above	Deduction & Exemption Description	Amount
	Total Deduction & Exemption	

8	Total Tax Due (add Column 6, lines 1 thru 7)	
9	Multiple Activities Tax Credit (from section III below)	
10	Adjusted Tax Due after Multiple Activities Tax Credit (line 8 minus line 9)	
11	Penalty Due (see back of form)	
12	Previous Balance Due or (Credit)	
13	Total Tax Due (Combine lines 10, 11, 12)	

SECTION III: Multiple Activities Tax Credit

	Taxable Amount (column 1)	Gross Receipts Taxes Paid		Tax Credit Lesser of col. 2 or 3 (column 4)
		Hoquiam (column 2)	Non-Hoquiam (column 3)	
A. Selling in Hoquiam products extracted, manufactured, or printed outside of Hoquiam.				
B. Manufacturing in Hoquiam products extracted outside of Hoquiam.				

Total Multiple Activities Tax Credit (total of column 4) report on line 9 above

IS THIS A FINAL RETURN? YES NO

If yes, please complete the following:

Effective Date: _____
 Discontinued
 Moved - Forwarding Address: _____
 Ownership Changed - New Owner _____
 Address _____ Phone: _____

The undersigned taxpayer declares they have read the foregoing return and certify it to be correct.

X _____ Date _____
 Print Name _____ Phone # _____