

CITY OF HOQUIAM
 Finance Department
 609 8th Street
 Hoquiam, Washington 98550
 Phone: (360)532-5700 ext. 218
 ww.ci.hoquiam.wa.us

PLEASE DO NOT STAPLE CHECK TO FORM

QUARTER ENDING: _____
 TAX RETURN DUE DATE: _____

CITY GAMBLING TAX RETURN

City Licenses #: _____

INDICATE BUSINESS INFORMATION CHANGES HERE
 (If address change, please indicate if change is
 mailing address or physical address or both.)

INSTRUCTIONS: MAKE REMITTANCE BY THE LAST DAY OF THE CALENDAR MONTH FOLLOWING THE END OF THE QUARTERLY PERIOD TO AVOID A PENALTY. THE RETURN MUST BE FILED EVEN THOUGH NO TAX IS DUE, OTHERWISE A PENALTY WILL BE IMPOSED.

Line No.	Business Classification Column A	Gross Revenues Column B	Deductions (list details below) Column C	Taxable Income (Col. A minus Col. B) Column D	Tax Rate (Col. D)	Tax Due (Col. 4 x Col. 5)	
1	Bingo & Raffles				.05		
2	Punchboards & Pulltabs				.08		
3	Non-profit Puchboards & Pulltabs				.075		
4	Social Card Games				.20		

Late Filing Penalty: when a return is postmarked after the due date, the following penalties will be imposed:

- ◆ 5% of tax due if postmarked within 30 days after the due date.
- ◆ 15% of the tax due if postmarked 31 to 60 days after the due date.
- ◆ 25% of the tax due if postmarked 61 days or later, after the due date.

5	Total Tax Due		
6	Penalty Due		
7			
	Total Tax Due (combine lines 5,6,7)		

DEDUCTION DETAIL		
Line No.	Deduction Description	Amount

 If yes, please complete the following: Effective Date: _____
 _____ Discontinued
 _____ Moved—forwarding address: _____
 _____ Ownership Changed: New Owner _____

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

X _____ Date _____
 Print Name: _____ Phone _____