

CITY OF PORT TOWNSEND

Quarter or N/A

BUSINESS AND OCCUPATION

TAX RETURN

BUSINESS & OCCUPATION TAX NO.

Business Name _____ Business Location _____ _____ _____ Mailing Address _____ _____ _____ _____ Email Address _____ State UBI No. _____	Business Phone _____ Business Fax _____ Start Date _____ SIC Code _____ Federal ID No. _____
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UPDATE BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS
 Attach additional page if necessary.

Owner Name _____	Phone _____
Home Address _____	
_____	Alt. Phone _____
EMERGENCY CONTACT	
Name _____	Title _____ Phone _____
Address _____	

PLEASE CALCULATE TOTAL TAX DUE BY ENTERING INFORMATION IN BOXES BELOW

DEDUCTIONS						
BUSINESS CLASSIFICATION	GROSS INCOME Column 2	DESCRIPTION Column 3	AMOUNT Column 4	TAXABLE AMOUNT (Col. 2-Col. 4) Column 5	TAX RATE Column 6	TAX AMOUNT (Col. 5 x Col. 6) Column 7
CONSTRUCTION					0.002	
RETAIL					0.002	
WHOLESALE					0.002	
PRINTING & PUBLISHING					0.002	
SERVICE & OTHER ACTIVITIES					0.002	
MISCELLANEOUS					0.002	
If business is no longer active in the City of Port Townsend, Please enter closing date here and return to address above.					Line A	TAX AMOUNT (Total of Column 7)
					Line B	PENALTY See Instructions on Reverse Side
						TOTAL DUE (Add Lines A and B)

I hereby certify that the information contained in this return is true and complete to the best of my knowledge.

Name:

Title:

Submittal Date: