

# CITY OF EVERSON

Finance Department • City Hall • 111 W. Main Street • P.O. Box 315  
 Everson, WA 98248-0315 • Phone (360) 966-3411 • Fax (360) 966-3466

**TAX  
IS DUE:**

## BUSINESS AND OCCUPATION TAX RETURN

TAX PERIOD:

**BUSINESS REGISTRATION NO.**

Business Name	Bus. Phone
Business Location	Bus. Fax
Mailing Address	Start Date
	Sic Code
	Rate Type
	Business Type
Description of Business	
Ownership	E-mail Address
WA State UBI No.	Federal I.D. No.

*UPDATE BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary*

Owner Name	Title	Phone
Home Address		Cell Phone
Social Security No.	Driver's License No.	
Owner Name	Title	Phone
Home Address		Cell Phone
Social Security No.	Driver's License No.	

**EMERGENCY CONTACT:**

Name	Title	Phone
Address		Cell Phone

**ALARM COMPANY: (if applicable)**

Name	Title	Phone
Address		License No.

**PLEASE CALCULATE TOTAL TAX DUE BY ENTERING AMOUNTS IN BOXES BELOW: (Instructions on reverse side)**

BUSINESS CLASSIFICATION	GROSS RECEIPTS	TAX DEDUCTIONS					TAXABLE AMOUNT	TAX RATE	TAX DUE
		BAD DEBTS	CASH DISCOUNTS	INTERSTATE	MULTIPLE TAXED ACTIVITY	OTHER			
EXTRACTING									
MANUFACTURING							.002		
RETAILING									
WHOLESALE							.002		
SERVICE & OTHER ACTIVITIES									

CHECK BOX IF MATC FORM ATTACHED <input type="checkbox"/> CREDIT AMOUNT \$ _____ IS THIS A FINAL RETURN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please check one - Business was: <input type="checkbox"/> SOLD <input type="checkbox"/> MOVED <input type="checkbox"/> CLOSED	<b>TOTAL TAX DUE THIS PERIOD</b>  <b>PENALTIES</b> <small>(SEE INSTRUCTIONS ON REVERSE SIDE)</small>  <b>PREVIOUS BALANCE</b>  <b>TOTAL DUE</b>
<b>IF OWNERSHIP HAS CHANGED OR BUSINESS HAS CLOSED, PLEASE COMPLETE INFORMATION ON REVERSE SIDE.</b>	

I certify, under penalty of perjury, that I have examined this return and any accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return.

Signature of Owner or Representative: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED TAX RETURN TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO "CITY OF EVERSON"

# CITY OF EVERSON

## Business And Occupation Tax Return Instructions

### MONTHLY RETURNS

Tax due the last day of the following month.

### ANNUAL RETURNS

Tax due January 31.

### QUARTERLY RETURNS

#### TAX PERIOD

JAN - FEB - MARCH  
APRIL - MAY - JUNE  
JULY - AUG - SEPT  
OCT - NOV - DEC

#### TAX DUE DATE

APRIL 30  
JULY 31  
OCTOBER 31  
JANUARY 31

To avoid a late penalty, your Tax Return must be received on or before the due date.

### PENALTIES

If this Tax Return is past due, the following penalties must be included in your payment, even if no tax is due:

If received after the due date:

5% OF TAX DUE, MINIMUM OF \$10.00

If received after the last day of the month following the due date:

10% OF TAX DUE, MINIMUM OF \$15.00

If received after the last day of the 2nd month following the due date:

20% OF TAX DUE, MINIMUM OF \$20.00

### ADDITIONAL INFORMATION

- Taxes are based on Gross Receipts. Please enter your Gross Receipts in the appropriate box on reverse side.
- If taxable Gross Receipts is less than \$5,000 this quarter for quarterly filers, or less than \$20,000 this year for annual filers, no tax is due. If you are unsure of your filing status, please contact the City Finance Department. This Tax Return must be completed, signed, and returned each period even if no tax is due.
- The City of Everson does not allow all the deductions that the State of Washington allows. If you are not sure of a deduction, contact the City Finance Department. PLEASE NOTE: Costs of doing business are not deductible.
- If your previous Tax Return was not received by the due date, or taxes were not paid in full, or a credit balance exists on your account, an amount will appear in the "Previous Balance" line. This amount should either be paid in full or deducted from the amount owed on this tax form.
- Please notify the City of Everson Finance Department if your business location(s) has changed.

### OWNERSHIP CHANGE OR BUSINESS CLOSURE

Please provide the following information if there has been a sale or closure of your business during this tax period:

Date Business Closed \_\_\_\_\_

Date Ownership Changed \_\_\_\_\_

New Owner's Name And Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### Mail this completed Tax Return to:

City of Everson  
Asst. Finance Director  
P.O. Box 315  
Everson, WA 98247-0315

#### Or deliver it to:

City of Everson  
Finance Department  
City Hall  
111 W. Main Street  
Everson, WA 98247