

City of Cosmopolis

Mail original with your remittance. Retain copy for your files.

BUSINESS AND OCCUPATION TAX

Ordinance 699 - As Amended

For Detail Instructions in completing this return, refer to reverse side.

1. Make remittance payable to: **CITY OF COSMOPOLIS**
2. Mail with return to: Clerk-Treasurer, PO Box 2007
Cosmopolis, WA 98537

FOR CITY CLERK'S USE ONLY

Ext. Checked: _____	Audit _____
Remittance _____	Office _____
Checked: _____	Field _____

Business License Number _____

RETURN THIS COPY

Name _____
 Address _____
 City, State _____

SECTION 1: BUSINESS AND OCCUPATION TAX

Line	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
No.	BUSINESS CLASSIFICATION	GROSS AMOUNT	DEDUCTIONS	TAXABLE AMOUNT	RATE	TAX DUE	DO NOT USE
1	Retail				0.002		
2	Professional & Other Services				0.002		
3	Wholesale				0.002		
4	Manufacturing				0.002		
5	Extracting				0.002		
6	Construction Contractors				0.002		
7	Telephone				0.06		
8	Electricity				0.06		
9	Refuse				0.06		

SECTION II Exemption & Deduction Detail (Column 3 above)

			9 Total Tax Due (add columns 6, lines 1 thru 8)				
			10 Multiple Activities Tax Credit (See Section III)				
			11 Adjusted Tax Due after Multiple Activities Tax Credit				
Line	Description	Amount	12 Penalty Due				
			13 Previous Balance Due (or Credit)				
			14 Total Tax Due (Combine lines 10,11,12)				
	Total Deduction & Exemptions						

SECTION III: MULTIPLE ACTIVITIES TAX CREDIT

	Taxable Amount	Gross Receipts Taxes Paid		Tax Credit			
	(Column 1)	Cosmopolis (Column 2)	Non-Cosmopolis (Column 3)	Lesser of Col. 2 or 3 (Column 4)			
A. Selling in Cosmopolis products extracted, manufactured, or printed outside of Cosmopolis							
B. Manufacturing in Cosmopolis products extracted outside of Cosmopolis							
Total Multiple Activities Tax Credit (Total of Column 4) report on Line 10 Above							

The undersigned taxpayer declares that they has read the foregoing return and certifies it to be correct.

Dated this _____ day of _____, _____
 For the Period: _____, _____
 through: _____, _____

Firm Name _____
 Signature _____
 Office or Title _____
 Phone Number _____

YOUR RETURN MUST BE FILED REGARDLESS OF THE AMOUNT OF TAX.

DUE 15 DAYS AFTER EACH QUARTER. 12% PER ANNUM WILL BE ASSESSED IF UNPAID.