

CITY OF NORTH BEND BUSINESS AND OCCUPATIONAL TAX REPORT

ALL BUSINESSES MUST FILE A BUSINESS AND OCCUPATIONAL TAX REPORT

Under City of North Bend Municipal Code Chapter 5.04, 5.05, & 5.06

You must pay business and occupational tax when the total of your quarterly taxable gross receipts exceed the following levels for your business classification.

CLASSIFICATION	QUARTERLY TAXABLE GROSS RECEIPTS
Utilities	\$150.00
All Other Classifications	\$5,000.00

BUSINESS ACCT NUMBER

PERIOD DUE DATE

NAME
ADDRESS
CITY, STATE, ZIP

PERIOD	DUE DATE
1 = (JAN, FEB, MAR)	4/30
2 = (APR, MAY, JUN)	7/31
3 = (JUL, AUG, SEP)	10/30
4 = (OCT, NOV, DEC)	1/31

COLUMN 1 BUSINESS CLASSIFICATION		COLUMN 2 GROSS RECEIPT AMOUNT	COLUMN 3 DEDUCTIONS	COLUMN 4 TAXABLE AMOUNT	COLUMN 5 X RATE	COLUMN 6 TAX DUE
UTILITIES	1				.06	
MANUFACTURING	2				.002	
WHOLESALE	3				.002	
RETAIL	4				.002	
CONSTRUCTION REPAIR	5				.002	
FINANCIAL INSTITUTIONS	6				.002	
SERVICES	7				.002	
NURSERY/SCHOOL/ DAYCARE	8				.002	
OTHER	9				.002	

PENALTY:

1 to 30 days lateadd 9% of tax due (minimum penalty \$5.00)

31 to 60 days lateadd 19% of tax due (minimum penalty \$5.00)

61 to 90 days lateadd 29% of tax due (minimum penalty \$5.00)

LINE A - Total of Column 6

LINE B - Penalty

LINE C - Account Balance

LINE D - Total Tax and Penalty

Type of Deduction	Explanation	Amount	Examples of the most common exemptions and deductions:
			<ul style="list-style-type: none">Liquor, beer, and wine salesManufacturing, selling, or distribution of motor vehicle fuelCash discounts taken by customersCredit losses or bad debts sustained by customers

MAIL TAX RETURN TO: City of North Bend
920 SE Cedar Falls Way
North Bend, WA 98045

MAKE CHECKS PAYABLE TO: City of North Bend
Contact City of North Bend at 425-888-1211 or
email licensing@northbendwa.gov

STATEMENT BY TAXPAYER

I/we hereby certify under the penalties of perjury that the sum above shown in the amount of tax for which I/we are liable for the period above shown under and computed according to the provisions of this Ordinance. I/we further certify that the information herein given and the amount of the tax liability herein reported are full and true and I/we know the same to be so.

SIGNED _____

DATE _____

BY _____

TITLE _____