



## Square Footage Business & Occupation Tax Quarterly Report

Entity Name:
Doing Business As (DBA):
Physical Address:
City, State, Zip:
Total Taxable Floor Area:
Mailing Address (if different):
City, State, Zip:
Email Address:
Phone Number:

WA State Unified Business Identifier (UBI)	North Bend Business License Number	Tax Reporting Period (Quarter/Year)	Due Date	Quarter Ending	Payment Due
				1 <sup>st</sup> Qtr. (Jan-Mar) 2 <sup>nd</sup> Qtr. (Apr-June) 3 <sup>rd</sup> Qtr. (July-Sept) 4 <sup>th</sup> Qtr. (Oct-Dec)	Due April 30 Due July 31 Due October 31 Due January 31

Square Footage Classification	Total Square Feet	Tax Rate	Tax Due
First 25,000 square feet (0 – 25,000 sq. ft.)		\$0.15	\$
Second 25,000 square feet (25,001 – 50,000 sq. ft.)		\$0.10	
Square footage beyond 50,000 sq. ft.		\$0.04	
<b>Total Square Footage Tax</b>	<i>Total of all rows above</i>		<b>\$</b>
<b>Deduction for gross receipts B&amp;O Tax Paid</b>	<i>From current quarter B&amp;O Tax Report</i>		(                      )
<b>Total Square Footage Tax Due</b>	<b>Square Footage Tax less B&amp;O tax paid</b>		<b>\$</b>
<b>Penalty (minimum of \$5.00):</b>		<b>Penalty Due:</b>	
1 to 30 days late	5% of tax due (minimum \$5.00)		
31 to 60 days late	15% of tax due (minimum \$5.00)	<b>Total Tax &amp; Penalty Due:</b>	<b>\$</b>
61 or more days late	25% of tax due (minimum \$5.00)		

☐ The space was vacant during the entire quarterly reporting period – No tax owed. (Must attach Certification of Vacancy form to claim exemption)

**Statement by Taxpayer: I/we hereby certify under penalty of perjury that the statements and information provided on this tax return are true and complete to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mail tax return with payment to: City of North Bend, 920 SE Cedar Falls Way, North Bend, WA 98045