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.					
QUARTERLY TAXABLE GROSS RECEIPTS					
\$150.00					
\$5,000.00					

BUSINESS ACCT NUMBER	

PERIOD	DUE DATE

	PERIOD	DUE	PERIOD	DUE
	1 = JAN	2/28	7 = JUL	8/31
	2= FEB	3/31	8 = AUG	9/30
	3 = MAR	4/30	9 = SEP	10/31
	4 = APR	5/31	10 = OCT	11/30
	5 = MAY	6/30	11 = NOV	12/31
	6 = JUN	7/31	12 = DEC	1/31

COLUMN 1 BUSINESS CLASSIFICATION		COLUMN GROSS RECEIPT			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:	LINE A – Total of Column 6	
1 to 30 days lateadd 9% of tax due (minimum penalty \$5.00)	LINE B - Penalty	
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 C – Account Balance	
or to 30 days lateadd 257,001 dax dae (LINE D – Total Tax and Penalty	

Type of Deduction	Explanation	Amount	Examples of the most common exemptions and deductions:
			Liquor, beer, and wine sales
			Manufacturing, selling, or distribution of motor vehicle fuel Cash discounts taken by customers
			Credit losses or bad debts sustained by customers

MAIL TAX RETUF	RN TO: City of North Bend
	PO Box 896
	North Bend, WA 9804

MAKE CHECKS PAYABLE TO: City of North Bend

STATEMENT BY TAXPAYER

ADDRESS CITY, STATE, ZIP

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_	