



CITY OF PACIFIC, WASHINGTON
BUSINESS AND OCCUPATION TAX RETURN

Send Payments To:
City of Pacific,
100 3rd Ave SE
Pacific, WA 98047

Tax Period (Quarter & Year)

BUSINESS REGISTRATION NO:

WA STATE UBI #
SIC #

Business Name

Business Phone

Business Location

Business Fax

Mailing Address

Business Type

(Indicate all that apply: Extracting, Manufacturing, Retail, Wholesale, Service & Other)

Owner Name and Title

Description of Business

Owner Phone

PLEASE CALCULATE TOTAL TAX DUE BY ENTERING AMOUNTS IN BOXES BELOW: (See instructions)

Table with 6 columns: BUSINESS CLASSIFICATION, GROSS RECEIPTS, EXEMPTIONS OR DEDUCTIONS (specify), TAXABLE AMOUNT, RATE, TAX DUE. Rows include EXTRACTING, MANUFACTURING, RETAILING, WHOLESALING, SERVICE & OTHER ACTIVITIES.

Penalties (if applicable)

\$5 or 5% of the tax due (whichever is greater) if not received on or before due date

\$5 or 15% of the tax due (whichever is greater) if received after the last day of the first month following the due date.

\$5 or 25% of the tax due (whichever is greater) if received after the last day of the 2nd month following the due date.

TAX DUE THIS PERIOD

PENALTIES

TOTAL DUE

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

SEND COMPLETED TAX RETURN TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF PACIFIC

If business closed or ownership change please indicate:
Date Closed
New owner name
New owner address

Internal use only
Receipted
Posted
Audited