



BUSINESS and OCCUPATION TAX REPORT
Under City of Snoqualmie Municipal Code (SMC) Title 5

CITY OF SNOQUALMIE
PO BOX 987
SNOQUALMIE, WA 98065
425-888-1555

Customer #
B&O #

FILE LOCAL IS NOW CLOSED. PLEASE MAIL THIS FORM WITH PAYMENT TO ADDRESS ABOVE.

USPS no longer guarantees a postmark on drop-off date. Please factor additional processing time when mailing B&O tax returns, as the City uses the postmark to determine timely filing.

1. Refer to SMC Title 5 for detailed B&O information - www.codepublishing.com/wa/snoqualmie/
2. **Please file report & payment together**
3. Make remittance payable to City of Snoqualmie
4. Report must be filed regardless of amount of tax due by due date
5. *PENALTIES must be added if return and/or remittance are late.

(Note: If zero taxes are due, then zero penalty is due.)

No Longer Doing Business In Snoqualmie/Final Return/Close

Enter Customer Name, Address, EMAIL and Reporting Period Below (if blank):

BUSINESS NAME: ADDRESS: EMAIL ADDRESS:	REPORTING PERIOD	DUE DATE
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Business Classification	Gross Receipts		Deductions (Show Detail Below)		** Gross Receipts Less Deductions	Rate	Tax Due		OFFICE USE ONLY
UTILITIES – Note type						.0600			
UTILITIES – Solid Waste						.0900			
MANUFACTURING						.0015			
WHOLESALE/RETAIL						.0015			
CONSTRUCTION/REPAIR						.0015			
FINANCIAL INSTITUTIONS						.0015			
OTHER						.0015			
SERVICES						.0015			
SCHOOL/DAY CARE/ NURSING						.0015			
** Gross Receipts of \$5000 or less after deductions for reporting period are exempt from payment of this tax. This report must be filed regardless of tax due. (Exemption does not apply to Utilities). This is NOT a deduction.					**Total Tax Due				
					*Penalties – Minimum \$5.00				
					Multiple Activities Tax Credit <i>(Attach Form)</i>				
					Total Tax & Penalty <i>(Please Include Payment with Report or There Will Be a Delay in Processing)</i>				

DEDUCTIONS – Detail of Deductions

Type of Deduction	Explanation	Amount

STATEMENT BY TAX PAYER

I/we hereby certify under the penalties of perjury that the sum above shown is the amount of tax for which I am/we are liable for the period above shown under and computed according to the provisions of SMC Title 5. I/we further certify that the information herein given and the amount of tax liability herein reported are full and true and I/we know the same to be so.

SIGNED _____ DATE _____
(Firm Name)

BY _____ TITLE _____
(Authorized Agent)