## **RETURN ORIGINAL**

## **CITY OF KELSO BUSINESS and OCCUPATION TAX REPORT**

Questions	?
www.kelso.c	0

REPORT MUST BE SUBMITTED EVEN WHEN THERE IS NO TAX TO BE PAID

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Notice to tax payer: Failure to pay within the 45 day period subjects taxpayer to civil and criminal action.

									PERIOD	DATE DUE		
NAME ADDRESS CITY, STATE ZIP CODE							LOCATION	N				
BE	SURE	THAT NAME, ADDRES	SS, AND ZIP	COL	DE ARE	CORRECT	200/110/					
COLOMN 2 DEDU			DUCTIONS TAXABLE		COLU TAXABLE (GOLUMN 2 - [MIN	AMOUNT	COLUMN 5 X RATE	COLUMN 6 = TAX DUE	OFFICE USE			
Bingo	1									ONLY		
Raffles	2							S.		RECEIPT NUMBER		
Amusement Games	3			G	7	<u></u>	1	A				
Punch Boards	4			V	10	SO						
Pull Tabs Commercial	5			W	A S	11 N G	101					
Card Rooms	6				aifi							
Pull Tabs Non Profit-Charitable	7		-									
MAIL TAX RET	JRNS		/Treasurer			LINE A - To	tal of Colur	nn 6				
City of Kelso PO Box 819 LINE B - P						enalty						
(-) = C						(-) = Credit Ba	verpayment/U alance (subtra int = Balance	ct)				
						LINE D - To		, , ,				
	DEDL	ICTIONS	100 2001					ROVISIONS	20100	<b>32</b>		
Bingo Raffles									h minimum penalty of \$1.00.			
Amusement Games			FC						vith minimum penalty of \$2.00	0		
Pull Tabs		1		Sev	enty-six (7	b) to more days	delinquent-20	% of the tax, with r	minimum penalty of \$3.00			
f there has been a see ased operation du	ale o	r transfer of the busin his period, then fill in	ess, or if th the followin	e bu	siness formatio	n. return	and certifi	es it to be cor				
Name of							Firm Name Signature					
						- Signat	ure		Dhono			
AddressAmount Receipt No Paid					Repor	TitlePhoneReport must be filed regardless of the amount of the tax. Be sure to complete and sign this form.						
STATEMENT BY TA /we hereby certify us shown under and co	X PA	A. J	ry that the	sum	s Ordina	shown is the	e amount o	of tax for which				
SIGNED								DAT	E			
			Firm Name)									
BY		22.00	barbard &					TITL	E			
		(Auth	horized Agent)									