

RETURN ORIGINAL

# CITY OF KELSO BUSINESS and OCCUPATION TAX REPORT

QUARTERLY

ALL BUSINESSES MUST FILE A BUSINESS AND OCCUPATION TAX REPORT



Questions?: [www.kelso.gov](http://www.kelso.gov)

ACCOUNT NUMBER

PERIOD	DATE DUE

NAME ADDRESS CITY, STATE ZIP CODE	
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LOCATION

BE SURE THAT NAME, ADDRESS, AND ZIP CODE ARE CORRECT

PLEASE SEE BACK FOR INSTRUCTIONS

COLUMN 1 BUSINESS CLASSIFICATION	COLUMN 2 GROSS RECEIPTS AMOUNT	COLUMN 3 DEDUCTIONS (SHOW DETAIL BELOW)	COLUMN 4 TAXABLE AMOUNT (COLUMN 2 - (MINUS) COLUMN 3)	COLUMN 5 X RATE	COLUMN 6 = TAX DUE	OFFICE USE ONLY RECEIPT NUMBER	
Contracting	1						
Wholesale	2						
Manufacturing	3						
Retail	4						
Services	5						
Utilities	6						
	7						
<b>NO PAYMENT NECESSARY IF TOTAL TAX DUE IS LESS THAN \$1.</b>				LINE A - Total of Column 6			
<b>FILE BY DUE DATE TO AVOID PENALTY (SEE REVERSE).</b>				LINE B - Penalty			
				LINE C - Overpayment/Underpayment (-) = Credit Balance (subtract) Positive amount = Balance due (add)			
<b>PLEASE MAKE CHECK PAYABLE TO: City of Kelso</b>				LINE D - Total Tax and Penalty (Attach Payment)			

Type of Deduction	Explanation	Amount	Examples of the most common exemptions and deductions:
			• Liquor, beer and wine sales
			• Manufacturing, selling or distribution motor vehicle fuel
			• Cash discounts taken by customers
			• Credit losses or bad debts sustained by sellers
			• Agricultural products <u>produced and sold by the same</u> farmer and/or gardener
			• Gross receipts reported to and taxed by another city
			• Please visit <a href="http://www.kelso.gov">www.kelso.gov</a> for complete list of deductions.

If there has been a sale or transfer of the business or if the business ceased operation during this period, then fill in the following information.

DATE DISCONTINUED \_\_\_\_\_

NAME OF NEW OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

### 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 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.

PREPARER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_