

MONTHLY UTILITY OCCUPATION TAX RETURN



CITY OF LYNDEN
 FINANCE DEPARTMENT
 PO BOX 650
 LYNDEN, WA 98264

MONTH
 YEAR

FIRM NAME
 ADDRESS

The utility tax shall be due and payable to the City of Lynden in monthly installments, and remittance shall be made to the Finance Director on or before the last day of the succeeding month in which the tax accrued.

UTILITY OCCUPATION TAX

LINE NO.				
1	TOTAL GROSS INCOME DURING ABOVE PERIOD			<input type="text"/>
DEDUCTIONS:				
2	TRANSACTIONS IN INTERSTATE COMMERCE			<input type="text"/>
3	BUSINESS WITH THE U.S. GOVERNMENT PAID TO THE U.S. OR STATE OF WASHINGTON AS EXCISE TAXES ON GROSS INCOME REPORTED ABOVE			<input type="text"/>
4	OTHER AUTHORIZED DEDUCTIONS			<input type="text"/>
5	TOTAL AUTHORIZED DEDUCTIONS (Lines 2+3+4)			<input type="text"/>
6	NET GROSS INCOME (Line 1 minus line 5)			<input type="text"/>
		TAXABLE AMOUNT	RATE	TAX DUE
7	INCOME SUBJECT TO 6% TAX Line 6	<input type="text"/>	.0600	<input type="text"/>
8	INCOME SUBJECT TO 1% TAX As per Ordinance	<input type="text"/>	.0100	<input type="text"/>
9	SUBTOTAL (Lines 6+7)			<input type="text"/>

PENALTIES

	ACCRUED TAX	RATE	PENALTY DUE
10	Between 1-30 days delinquent from due date	.0100	<input type="text"/>
11	Between 31-60 days delinquent from due date	.0200	<input type="text"/>
12	Between 61-90 days delinquent from due date	.0300	<input type="text"/>
13	TOTAL PENALTY (Lines 10+11+12)		<input type="text"/>
14	TOTAL TAX REMITTANCE ATTACHED (Lines 9+13)		<input type="text"/>

I declare under penalties of perjury that the above return is true, correct, and complete to the best of my knowledge and belief. I understand that our records are subject to audit by the City of Lynden.

Signature: _____ Title: _____ Date: _____
 Print Name: _____ Phone Number: _____