

CITY OF PORT TOWNSEND

BUSINESS AND OCCUPATION QUARTERLY TAX RETURN

BUSINESS & OCCUPATION TAX NO.

Business Name _____	Business Phone _____
Business Location _____	Business Fax _____
_____	Start Date _____
_____	SIC Code _____
Mailing Address _____	

Email Address _____	Federal ID No. _____
State UBI No. _____	

UPDATE BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS
Attach additional page if necessary.

Owner Name _____	Phone _____
Home Address _____	
_____	Alt. Phone _____
EMERGENCY CONTACT	
Name _____	Title _____
Address _____	Phone _____

PLEASE CALCULATE TOTAL TAX DUE BY ENTERING INFORMATION IN BOXES BELOW

DEDUCTIONS							
BUSINESS CLASSIFICATION	GROSS INCOME Column 2	DESCRIPTION Column 3	AMOUNT Column 4	TAXABLE AMOUNT (Col. 2-Col. 4) Column 5	TAX RATE Column 6	TAX AMOUNT (Col. 5 x Col. 6) Column 7	
CONSTRUCTION							
RETAIL							
WHOLESALE							
PRINTING & PUBLISHING							
SERVICE & OTHER ACTIVITIES							
MISCELLANEOUS							
				Line A	TAX AMOUNT (Total of Column 7)		
If business is no longer active in the City of Port Townsend, Please enter closing date here and return to address above.				Line B	PENALTY See Instructions on Reverse Side		
					TOTAL DUE (Add Lines A and B)		