



CITY OF BLACK DIAMOND
UTILITY OCCUPATION TAX RETURN &
FRANCHISE FEES
 P.O. BOX 599
 BLACK DIAMOND, WA 98010
 PHONE: 360.886.2560 - FAX: 360.886.2592

Business Name: _____ **Federal Tax ID:** _____
Mailing Address: _____ **City License #:** _____
 _____ **For Month Ending:** _____

ALL UTILITY TAXES MUST BE REPORTED ON A MONTHLY BASIS AND ARE DUE TO THE CITY BY THE 25th DAY OF THE FOLLOWING MONTH

| Column 1 BUSINESS CLASSIFICATION | Column 2 GROSS RECEIPTS | Column 3 DEDUCTIONS (See Below) | Column 4 TAXABLE AMOUNT | Column 5 TAX RATE | Column 6 TAX DUE |
|---|--|------------------------------------|------------------------------------|----------------------|---------------------|
| TELEPHONE / CELLULAR | | | | 0.06 | |
| ELECTRIC | | | | 0.06 | |
| NATURAL GAS | | | | 0.06 | |
| SOLID WASTE | | | | 0.06 | |
| WATER | | | | 0.06 | |
| STORMWATER/DRAINAGE | | | | 0.06 | |
| SEWER | | | | 0.06 | |
| CABLE TV FRANCHISE FEE | | | | 0.05 | |
| CABLE TV UTILITY TAX | | | | 0.01 | |
| OTHER: | | | | | |
| PENALTIES: Late Returns must include the following penalties with payment. | | | TOTAL TAX DUE THIS PERIOD | | |
| 5 to 30 days late | 5% of tax due (\$5.00 minimum) | | CREDIT | | |
| 31 to 60 days late | 10% of tax due (\$5.00 minimum) | | INTEREST | | |
| 61 or more days late | 20% of tax due (\$5.00 minimum) | | PENALTY | | |
| Final Return? | If, yes please check one - Business has: | | PREVIOUS BALANCE | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> MOVED <input type="checkbox"/> SOLD <input type="checkbox"/> CLOSED | | TOTAL TAX & PENALTY DUE | | |

DETAIL OF COLUMN 3 + DEDUCTIONS FROM GROSS RECEIPTS

| TYPE OF DEDUCTION | DEDUCTION AMOUNT |
|----------------------------|------------------|
| Credit Loss or Bad Debts | |
| Foreign & Interstate Sales | |
| Other (Explanation): | |
| TOTAL DEDUCTIONS | |

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/We are liable for the period above shown under and computed according to the provisions of Chapter 5.08 of the City of Black Diamond Municipal Code. 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.

Signature of Owner/Representative _____ **Date:** _____
Signer's Title and Phone # _____
E-mail Address: _____

RETURN COMPLETED TAX RETURN TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO: CITY OF BLACK DIAMOND