

MONTHLY ADMISSIONS TAX RETURN



Department of Taxes & Licenses
808 W Spokane Falls Blvd
Spokane WA 99201-3336
PH: (509)625-6070
FX: (509)625-6990

PERIOD	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
DUE DATE	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 15

FIRM NAME	ADDRESS
OWNER OR MGR	MAIL ADDRESS
MONTHLY REPORT FOR _____ 20____	

A properly filled report, accompanied by remittance, must be filed with the City of Spokane Taxes & Licenses Dept, not later than the 15th of the month next succeeding monthly period reported.

LOCATION &/OR TYPE OF ADMISSION	GROSS ADMISSIONS	NET ADMISSIONS	CITY TAX RATE	TOTAL TAX PAYABLE
TOTALS				

MAKE CHECKS PAYABLE TO THE CITY OF SPOKANE

FOR CITY'S USE ONLY
Check # _____
Date Paid _____

I hereby certify that the above statement is a true and complete record of the transactions coming under the Admissions Tax ordinance for the period reported.

Prepared by: _____ Date: _____

Phone Number: _____