UTILITIES TAX RETURN

Business Information

Legal Entity Name:

DBA/Trade Name:

UBI #: FEIN #:

Tax Information

Filing Period: 

Gross Revenues: 

Deductions/Bad Debts: 

Taxable Amount: 

Tax Rate: 

Tax Due: 

Taxes are due the 25th of the following month

Check type of service:

☐ Cable Franchise 0.05

☐ Cable TV 0.06

☐ Electricity 0.06

☐ Gas 0.06

☐ Refuse 0.20

☐ Telephone/Pager 0.06

Filing frequency is monthly. Quarterly or Annually must be approved by the City of Spokane (509) 625-6070

Business Activity not subject to SMC 8.10:

☐ Company does not currently have activity in Spokane.

☐ Business which the City is prohibited from taxing.

☐ The sale of commodities to persons in the same public service business as the sellers

☐ State excise taxes imposed upon solid waste

☐ Electricity used to manufacture aeronautical brake components over $100,000.00 per year

☐ Natural gas used to manufacture aeronautical brake components over $100,000 per year

☐ Revenue from collection of source-separated recyclable materials

☐ Accrual based accounting may exempt bad debts if items were previously taxed as income

Non-Payment

Tax return must be signed and returned even if no payment is due.

No payment is included because:

☐ Tax due is less $5.00 or less

☐ No activity for this filing period

Final return because:

☐ Business is no longer in operation as of ________________ (date)

☐ Business has merged, been acquired or will be operating under a different name.

New Name: ___________________________ UBI: ___________________________

Effective Date: __________________ Purpose: ___________________________

Questions regarding return should be addressed to:

Person's Name: _______________________ Phone: _______________________

Title: __________________ Company: __________________________

I undersigned swears or affirms under penalty of perjury that the information is full and true and that he/she knows the same to be so.

Signature: _____________________________ Date: _______________________

Print Name: ___________________________ Title: ______________________

FINAL RETURN? _____