

# UTILITIES TAXES RETURN



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

## Business Information

Company \_\_\_\_\_

UBI # \_\_\_\_\_ FEIN # \_\_\_\_\_

Filing period \_\_\_\_\_ (Taxes are due the 25<sup>th</sup> following month end.)

Type of service \_\_\_\_\_

## Tax Information

Gross revenues \_\_\_\_\_

Deductions/Bad debts \_\_\_\_\_

Taxable amount \_\_\_\_\_

Tax rate \_\_\_\_\_

Tax due \_\_\_\_\_

|           |                 |       |
|-----------|-----------------|-------|
| Tax Rate: | Cable Franchise | 0.05  |
|           | Cable TV        | 0.06  |
|           | Electricity     | 0.06  |
|           | Gas             | 0.06  |
|           | Telegraph       | 0.035 |
|           | Refuse          | 0.20  |
|           | Sewer           | 0.20  |
|           | Telephone       | 0.06  |
|           | Water           | 0.20  |

## Non-Payment

No payment included because:

- Tax due is less than \$5.00
- No activity for this filing period
- Business is no longer in operations as of \_\_\_\_\_ (date).
- Business has merged, been acquired or will be operating under a different name.

New name \_\_\_\_\_

Effective date \_\_\_\_\_ Reason \_\_\_\_\_

**Please note, Tax Return must be signed and returned even if no payment is due.**

## Questions regarding return should be addressed to:

Person's Name \_\_\_\_\_ Phone \_\_\_\_\_

The 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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date