

COMMERCIAL PARKING TAX MONTHLY RETURN



Office of Taxes & Licenses
808 W Spokane Falls Blvd
Spokane, WA 99201-3336

PH: (509) 625-6070
taxesandlicenses@spokanecity.org

| PERIOD | JAN | FEB | MARCH | 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 |

| | |
|---|--------------------------|
| COMMERCIAL PARKING BUSINESS | MAILING ADDRESS |
| MONTHLY REPORT FOR _____ 20____ Month Year | PREPARER'S EMAIL ADDRESS |
| UBI | PREPARER'S PHONE NUMBER |

A completed return, accompanied by full remittance and individual lot remittance data, must be filed with the City of Spokane Office of Taxes & Licenses, not later than the 15th of the next month following the monthly period reported. Individual lot remittance data must be submitted using the supplementary lot form available on the [Commercial Parking Tax website](#).

| | |
|--------------------------------------|----------|
| TOTAL COMMERCIAL PARKING TAX PAYABLE | \$ _____ |
| TOTAL PENALTY PAYABLE | \$ _____ |
| TOTAL PAYABLE | \$ _____ |

Payments received after the tax period filing date are subject to a 10% per month penalty fee.

| |
|---|
| <p>FOR CITY'S USE ONLY</p> <p>Check # _____</p> <p>Received Date _____</p> |
|---|

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

Prepared by: _____ Date: _____
Signature

**Payments must be made using Automated Clearing House (ACH) or Check.
NO BILL PAY, EPAY OR CREDIT CARD TRANSACTIONS WILL BE ACCEPTED.
MAKE CHECKS PAYABLE TO THE CITY OF SPOKANE**