



City of Fife
Utility Tax Return

Date: _____

For businesses providing services within the corporate limits of Fife, Washington

Business Information:

Business Name: _____ Date Business Discontinued (If applicable) _____

Address: _____ DISCONTINUED shall include but not be limited to the following: The adding or dropping of a partner or partners, incorporating or discontinuing a business, sale to another person

City: _____ State: _____ Zip Code: _____

Business Classification:

- Radio button options for business classification: Sale, delivery or distribution of natural gas and/or artificial gas for domestic, business, or industrial consumption; Telephone business, competitive telephone services, cellular telephone services; Sale, delivery or distribution of water and sewer utilities within the Fife city limits; Sale, delivery or distribution of electricity and electrical energy; Cable television service provider; Garbage collection services, including recyclables and yard waste.

All Rates 6.0%, Pursuant to Ordinance 1815 effective January 1, 2013

Tax Calculation:

Gross Amount: _____ Gross Amount [input box]

Total Deduction [input box]

Deductions:

Credit Losses & Uncollectibles: _____

Taxable Amount [input box]

Interstate-Foreign Commerce: _____

Tax Rate [input box]

Other (Attach Explanation): _____

Tax Due [input box]

Reporting Period:

Month _____ Year _____

Late Penalty Rate [input box]

Payment is due the last day of the following month

Late Penalties Due [input box]

Payment Late? [radio buttons] Yes [radio] No [radio]

FMC 3.60.070

Total Due:

Please make checks payable to:

City of Fife

5411 23rd Street East

Fife, Washington 98424

& Return Two Copies w/ Payment

Total Due [input box]

During this reporting period were your records audited by the State Dept of Revenue? [radio buttons] Yes [radio] No [radio]

If yes, were additional Business and Occupation Taxes assessed? [radio buttons] Yes [radio] No [radio] N/A [radio]

Submitting Individual:

I declare under the penalties of perjury that I have examined this return (including any accompanying schedules and statements) and to the best of my knowledge and belief, it is a true, correct and complete return.

First & Last Name: _____ Title: _____

Signature: _____ Date: _____