



CITY OF TENINO
PO Box 4019
Tenino, WA 98589 ~ (360) 264-2368

**PAYMENT
IS DUE:**

QUARTER END:

BUSINESS AND OCCUPATION QUARTERLY TAX RETURN

BUSINESS & OCCUPATION TAX

Business Name _____

Bus. Phone _____

Business Location _____

Bus. Fax _____

Mailing Address _____

If Business is no longer active please enter closing date here and return to address above

State UBI No. _____

Federal ID No. _____

TAXPAYERS MUST FILE A RETURN EVEN IF NO TAX IS DUE

Owner Name _____

Phone _____

Home Address _____

BUSINESS CLASSIFICATION Column 1	GROSS INCOME Column 2	DEDUCTIONS		TAXABLE AMOUNT (Col. 2 - Col. 4) Column 5	TAX RATE Column 6	TAX AMOUNT (Col. 5 x Col. 6) Column 7
		DESCRIPTION Column 3	AMOUNT Column 4			
CONSTRUCTION	\$ _____		\$ _____	\$ _____	.002	\$ _____
RETAIL	\$ _____		\$ _____	\$ _____	.002	\$ _____
WHOLESALE	\$ _____		\$ _____	\$ _____	.002	\$ _____
PRINTING/PUBLISHING	\$ _____		\$ _____	\$ _____	.002	\$ _____
SERVICES	\$ _____		\$ _____	\$ _____	.002	\$ _____
MISCELLANEOUS	\$ _____		\$ _____	\$ _____	.002	\$ _____

Check this box if your gross income was less than \$20,000.00 for the year.
Column 2 must be filled in with income information, even if no tax is due.

Check this box if you made NO income whatsoever in the City limits of Tenino.
The City of Tenino may verify this information with the Department of Revenue.

Line A.	TAX AMOUNT (Total of Column 7)	\$ _____
Line B.	PENALTY	\$ _____
	TOTAL DUE (Add Lines A and B)	\$ _____

I hereby certify, under penalty of perjury, that the information contained in this return is true and complete to the best of my knowledge.

Signature of Owner or Representative _____ Title _____ Date _____

RETURN COMPLETED RENEWAL NOTICE TO ABOVE ADDRESS WITH A CHECK MADE PAYABLE TO CITY OF TENINO