



BUSINESS AND OCCUPATION TAX REPORT

City of Roy Phone (253) 843-1113 Fax (253) 843-0279
 PO Box 700; Roy, WA 98580-0700 www.cityofroywa.us

Quarterly Monthly Annual **Roy Business License # _____**
Period Ending: ___/___/___ Report must be filed even when no tax is due.
 Return is due by the last day of the month following the end of the reporting period.

If this is the final return, date business was discontinued: ___/___/___ . Please complete box at bottom.

Legal Name of Firm: _____

Doing business as: _____

Address: _____

| Tax Classification | Gross Receipts | Deductions As Below | Taxable Receipts | Tax Rate | Tax Due |
|--|----------------|--|------------------|---------------------------------------|---------|
| Extractor, Manufacturing, Wholesale | | | | 0.001 | |
| Retail Sales, Printing, Services | | | | 0.002 | |
| Other Business | | | | 0.002 | |
| Total* | | *If total Gross Receipts are less than \$5000 per quarter or \$20,000 per year, no tax is due. | | | |
| PENALTIES (minimum \$5.00) if payment of tax due is not received by the due date: 5% if not received by the due date 15% if not received by the last day of the month following the due date 25% if not received by the last day of the second month following the due date | | | | Total of Tax Due | |
| | | | | Penalties | |
| DEDUCTIONS: Credit losses \$ _____ Cash discounts \$ _____ Motor vehicle fuel sales \$ _____ Other (interstate commerce, multiple jurisdictions apportionment, financial activities, etc.) Explain: \$ _____ | | | | Multiple Activities Tax Credit | |
| | | | | Total Due | |
| Please explain any changes in business or added activities: | | | | | |
| FINAL RETURN INFORMATION | | | | | |
| If there was a sale or transfer of the business, name of new owner: _____ | | | | | |

If additional space is needed, please attach supplementary sheets of this size.
The undersigned declares that he has read the foregoing return and certifies it to be complete and true, in accordance with the provisions of Roy City Code, Title 4, Chapter 1.
This return is not complete without signature.

Signature _____ Printed Name _____ Date _____
Please do not submit report via certified or registered mail. Postmark is filing date. Thank you.