



BUSINESS and OCCUPATION TAX REPORT

CITY OF OCEAN SHORES

(360) 289-2488

Title 3 & Title 5, Ocean Shores Municipal Code

ACCOUNT NUMBER

REMITTANCE — Make remittance before the due date, payable to: City of Ocean Shores.

Mail Remittance and Return to: Business Licensing Division, P.O. Box 909, Ocean Shores, Washington 98569.

Be sure that Name, Address and Zip are Correct.

NAME
ADDRESS
CITY, STATE
ZIP CODE

PERIOD	DATE DUE
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LOCATION

COLUMN 1 BUSINESS CLASSIFICATION		COLUMN 2 GROSS AMOUNT	COLUMN 3 DEDUCTIONS SHOW DETAIL BELOW	COLUMN 4 TAXABLE AMOUNT	COLUMN 5 RATE	COLUMN 6 TAX DUE	OFFICE USE ONLY RECEIPT NUMBER
Food Service & Restaurants	1						
Professional and Financial Institutions	2						
Wholesale, Retail - All other Activities (and Miscellaneous)	3						
Construction	4						
Motels, RV Parks, Transient Lodging	5						
NO TAX DUE FROM ANY PERSON OR BUSINESS WHOSE GROSS INCOME IS \$5,000.00 OR LESS FOR THE REPORTING QUARTER TAXING PERIOD. (Sec. 3.38.050(2)) REPORT MUST BE FILED.				*Line A - Total of Column 6			
				**LINE B - Penalties			
				LINE C			
				LINE D - Total Tax and Penalty (Remittance attached)			
**PENALTIES Line B-PENALTY- After Due Date 5% After 1st month past due date 15% After 2nd month past due date 25% -(minimum penalty \$5.00)							

DEDUCTIONS Detail of Column 3

Section 3.38.070; 3.38.075; 3.38.090; 3.38.100
Ocean Shores Municipal Code

Type of Deduction	Explanation	Amount

THIS RETURN MUST BE FILED REGARDLESS OF THE AMOUNT OF TAX

The undersigned taxpayer declares that he has read the foregoing return and certifies that it is correct.

FIRM NAME _____ By _____

Title _____

MUST BE SIGNED BY TAXPAYER (i.e. one of the owners or if incorporated, one of the officers.) RETURNS NOT SIGNED ACCORDINGLY WILL BE RETURNED.

Dated this _____ Day of _____, 20____. Phone No. _____

Complete this space if you are **NO LONGER OPERATING** or if there has been a **SALE** or **TRANSFER**.

Date Discontinued _____, 20____

Name of New Owner _____