



CITY OF BLACK DIAMOND
UTILITY OCCUPATION TAX RETURN & FRANCHISE
FEES FORM
 P.O. BOX 599
 BLACK DIAMOND, WA 98010
 PHONE: 360.886.2560 - FAX: 360.886.2592

UTILITY COMPANY INFORMATION:

Company Name: _____ Federal Tax ID: _____
 Doing Business As: _____ State UBI #: _____
 Mailing Address: _____ City License #: _____
 _____ For Month Ending: _____
 Email Address: _____

ALL UTILITY TAXES MUST BE REPORTED ON A MONTHLY BASIS AND ARE DUE TO THE CITY BY THE 25th DAY OF THE FOLLOWING MONTH

Column 1 BUSINESS CLASSIFICATION	Column 2 GROSS RECEIPTS	Column 3 DEDUCTIONS (See Below)	Column 4 TAXABLE AMOUNT	Column 5 TAX RATE	Column 6 TAX DUE
TELEPHONE / CELLULAR				0.06	
ELECTRIC				0.06	
NATURAL GAS				0.06	
SOLID WASTE				0.06	
WATER				0.06	
SEWER				0.06	
STORMWATER/DRAINAGE				0.06	
CABLE TV FRANCHISE FEE				0.05	
CABLE TV UTILITY TAX				0.01	
OTHER:					
PENALTIES: Late Returns must include the following penalties with payment.			TOTAL TAX DUE THIS PERIOD		
5 to 30 days late	5% of tax due (\$5.00 minimum)		CREDIT		
31 to 60 days late	10% of tax due (\$5.00 minimum)		INTEREST		
61 or more days late	20% of tax due (\$5.00 minimum)		PENALTY		
Final Return?	If, yes please check one - Business has:		PREVIOUS BALANCE		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> MOVED <input type="checkbox"/> SOLD <input type="checkbox"/> CLOSED		TOTAL TAX & PENALTY DUE		

DETAIL OF COLUMN 3 ♦ DEDUCTIONS FROM GROSS RECEIPTS

TYPE OF DEDUCTION	DEDUCTION AMOUNT
Credit Loss or Bad Debts	
Foreign & Interstate Sales	
Other (Explanation):	
TOTAL DEDUCTIONS	

STATEMENT BY TAX PAYER

I/We hereby certify under the penalties of perjury that the sum above shown is the amount of tax for which I/We are liable for the period above shown under and computed according to the provisions of Chapter 5.08 of the City of Black Diamond Municipal Code. I/We further certify that the information herein given and the amount of the tax liability herein reported are full and true and I/We know the same to be so.

Signature of Owner/Representative: _____ Date: _____

Tax Preparer Information

Company Name: _____
 Preparer's Name: _____
 Phone #: _____
 E-mail Address: _____

RETURN COMPLETED TAX RETURN TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO: CITY OF BLACK DIAMOND