

City of Lynnwood

Admissions Tax Quarterly Reporting Form

For Quarter _____ Year _____

Lynnwood Business License Number: _____

Business Name and Address:

Remit payment to:
 City of Lynnwood
 Vreasurer's Division
 19100 44th Ave W.
 Lynnwood, WA 98036

Type of Business: _____

Owner/Manager Name: _____

Telephone Number: _____

Number of Admissions	X	Price per Admission	=	Taxable Admission	X	5%	=	Tax Due
	X					x0.05		
	X					x0.05		
	X					x0.05		
	X					x0.05		
	X					x0.05		
	X					x0.05		
	X					x0.05		
	X					x0.05		
	X					x0.05		
	X					x0.05		
	X					x0.05		
	X					x0.05		
TOTAL								

The undersigned taxpayer declares that he/she has read the foregoing and certifies it to be correct.

Dated this _____ day of _____ (month), _____ (year)

Signature: _____

Firm Name: _____

Taxes are due after the end of each quarter on the last day of the following month.

Penalties for late payments are as follows:

- 1 to 15 days Delinquent: 10% of tax due - Minimum penalty of \$10.00
- After 15 days Delinquent: 15% of tax due - Minimum penalty of \$10.00