LYNNWOOD WASHINGTON

Reset Form

CITY OF LYNNWOOD

UTILITY TAX RETURN

State License Number (UBI): _____

Reporting Period: _____

Type of Utility Tax:

Taxpayer Name and Address:

_____

_____

_____

_____

Remit Payment to:

City of Lynnwood
Attn: Treasury
19100 44th Ave W
Lynnwood, WA 98036

1. Gross Revenue $_____
2. Deductions $_____
3. Taxable Revenue (Line 1 – Line 2) $_____
4. Tax Rate 6% (.06)
5. Tax Due @ 6 % (Line 3 x .06) $_____

TAXPAYER'S VERIFICATION OF TAX RETURN AND PAYMENT

I, under penalty of perjury, do solemnly swear or affirm: That I am the Tax Specialist with the taxpayer, and that I have knowledge of the contents of this return;

1) That I have familiarized myself with applicable tax laws and regulations of CITY OF LYNNWOOD;
2) That I am qualified and authorized to complete and submit this tax return by the taxpayer and sign this verification;
3) That the statements in the return are true and accurate and the tax paid is the full amount due to the CITY OF LYNNWOOD;
4) That the City accepts taxpayer's payment without waiver of any rights to assert further taxes, penalties, interest and any other sums, costs, or charges lawfully owed it by the taxpayer.

_____	_____	_____
Date Signed	Signature	Print Name
_____	_____	_____
Phone Number	Title	Email Address

Utility Taxes are due on or before the 45th day following the end of each quarter:
1st Quarter: May 15th; 2nd Quarter: August 15th;
3rd Quarter: November15th; 4th Quarter: February 15th

Please remit payment accompanied by this form showing the payment calculation.