City of Tukwila
6200 Southcenter Blvd.
Tukwila, WA 98188

Reporting Period:

_____
Month/Year

UTILITY TAX RETURN

Business Name: _____

Address: _____

City, ST & Zip: _____

State of WA UBI #: _____

Contact Information (required)

Name: _____

Phone: _____

Email: _____

Tax Classification -

Tax is due by the last day of the following month which the tax is accrued. Example: June is due by 7/31	Gross Receipts	Deductions	Taxable Receipts	Tax Rate	Tax Due
Cable Services GF000100-316460				6%	
Cellular & Telephone GF000100-316470				6%	

	Total Tax:
Late Penalty: 9% of tax due. Increases to 19% after one month, and to 29% after two months.	Penalty:
Interest rates at tukwila.gov/citytaxes. Daily interest = tax due x days late x (rate/365)	Interest:
Please make checks payable to _City of Tukwila_	TOTAL DUE:

Deductions (_the following items may be deducted from the total gross revenue_)

1. That part of the total gross revenue derived from business the City is prohibited from taxing under the constitution or laws of the United States and the Constitution or laws of the State of Washington.

2. Income derived from that portion of network telephone service, as defined in RCW 82.04.065, which represents a charge to another telecommunications company, as defined in RCW 80.04.040 - for connecting fees, switching charges, or carrier access charges relating to intrastate toll telephone services; or for access to, or charges for, interstate services; or charges for network telephone that is purchased for the purpose of resale.

3. Adjustments made to a billing or customer account in order to reverse a billing or charge that was not properly a debt of the customer.

4. Cash discounts allowed and actually granted to customers of the taxpayer during the tax year.

5. Uncollectible debts written off the taxpayer's books during the tax year. If subsequently collected, the income shall be reported for the period in which collected.

I hearby certify that the information provided on this tax return is true and complete to the best of my knowledge.

Printed Name	_Signature_	_Title_	_Date_

Rev. 9/9/2024