CITY OF SEQUIM

152 West Cedar Street, Sequim, WA 98382
City Hall (360) 683-4139 FAX (360) 681-3448
Public Works (360) 683-4908 FAX (360) 681-0552

UTILITY TAX RETURN

Business Information:

Company:
Contact Name:
Address:
Telephone:

Remit To:
City of Sequim
152 W. Cedar Street
PO Box 1087
Sequim, WA 98382

Reporting Frequency (Indicate Quarter or Month)	Period Ending

(SMC 5.32.040) Minimum quarterly payments required, due by the 20th day of the succeeding month.

For Internal Use Only	Tax Classification	Gross Receipts	Deductions	Taxable Receipts	Tax Rate	Tax Due
T2	Cable TV				5%	
T3	Electric				6%	
T4	Garbage				8%	
T5	Natural Gas				6%	
TT	Cellular				6%	
TT	Telephone (and similar communications)				6%	
	Water				8%	
	Sewer				8%	
					Total Tax	0
				Penalty: 12% of tax 30 days after due date (SMC 5.32.070)	**Penalty**	
				Total Amount Due (Make check payable to City of Sequim)	**$**	0

Gross Receipts means the value proceeding or accruing from the performance of the particular public service business involved, including operations incidental thereto, but without any deduction on account of the cost of the commodity furnished or sold, the cost of materials used, labor costs, interest, discounts, delivery costs, taxes, or any other expenses whatsoever paid or accrued and without any deduction on account of losses. (SMC 5.32.015)

Note: If you choose to itemize the Utility (B&O) tax on invoices, you must include the collection of the Utility tax in Gross Receipts.

Deductions from gross operating revenue (SMC 5.32.050)

Attach copies of itemization with this form.

1. The amount of credit losses and uncollectibles actually sustained by the taxpayer
2. Amounts derived from transactions in interstate or foreign commerce or from any business in which the city is prohibited from taxing under the Constitution of the United Sates or the Constitution of the state
3. Amounts derived by the taxpayer from the city.

The undersigned taxpayer herby declares that he/she has read this tax return and certifies it to be correct.

Signature of Person Preparing Return	Title	Date
Return Prepared by (please print)	Email Address	

Revised 10/27/22