CITY OF LAKE FOREST PARK BUSINESS AND OCCUPATION TAX REPORT

ALL BUSINESSES MUST FILE A BUSINESS AND OCCUPATIONAL TAX REPORT

ACCOUNT NUMBER

PLEASE COMPLETE AND SUBMIT REPORT.
NO TAX IS DUE IF GROSS SALES TOTAL LESS THAN $5,000.00

NAME ADDRESS CITY, STATE, ZIP	

	Filing Period	Due
☐	1 QTR = JAN, FEB, MAR	4/30
☐	2 QTR = APR, MAY, JUN	7/31
☐	3 QTR = JUL, AUG, SEP	10/31
☐	4 QTR = OCT, NOV, DEC	1/31

COLUMN 1 BUSINESS CLASSIFICATION		COLUMN 2 GROSS RECEIPT AMOUNT		COLUMN 3 DEDUCTIONS		COLUMN 4 TAXABLE AMOUNT		COLUMN 5 X RATE	COLUMN 6 TAX DUE	
	1							.002		
	2							.002		
	3							.002		

PENALTY:
1 to 30 days late .....add $5.00
31 to 60 days late .....add $10.00
61 to 90 days late .....add $15.00

IF NO TAXES ARE DUE FOR THIS PERIOD YOU CAN NOW FAX YOUR SIGNED, DATED FORM TO (206) 957-2830

LINE A – Total of Column 6		
LINE B - Penalty		
LINE C – Overpayment/Underpayment		
LINE D – Total Tax and Penalty		

Type of Deduction	Explanation	Amount

Examples of the most common exemptions and deductions:

- Liquor, beer, and wine sales
- Manufacturing, selling, or distribution of motor vehicle fuel
- Cash discounts taken by customers
- Credit losses or bad debts sustained by customers

MAIL TAX RETURN TO: City of Lake Forest Park
17425 Ballinger Way NE
Lake Forest Park, WA 98155-5556 Telephone(206) 368-5440 xt 132
Information/Questions contact: heidi@ci.lake-forest-park.wa.us

MAKE CHECKS PAYABLE TO: City of Lake Forest Park

STATEMENT BY TAXPAYER

I/we hereby certify under the penalties of perjury that the sum above shown in the amount of tax for which I/we are liable for the period above shown under and computed according to the provisions of the Ordinance. 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.

SIGNED_____ DATE_____

PRINTED NAME_____ TITLE_____

RETURN ORIGINAL SIGNED TAX REPORT

Complete this space if you are **NO LONGER OPERATING/NO LONGER OPERATING IN LFP** or if there has been a **SALE OR TRANSFER**

Date Discontinued_____

Name of New Owner_____