

# CITY OF LAKE FOREST PARK BUSINESS AND OCCUPATION TAX REPORT

**ALL BUSINESSES MUST FILE A TAX REPORT**

**NO TAX IS DUE IF GROSS PROCEEDS TOTAL LESS THAN \$5,000.01**  
**Please sign and return regardless of tax due.**

<b>ACCOUNT NUMBER</b>

<b>NAME ADDRESS CITY, STATE, ZIP</b>	
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Filing Periods	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	1	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	

<b>PENALTY:</b> 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 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
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Type of Deduction	Explanation	Amount	Examples of the most common exemptions and deductions:
			<ul style="list-style-type: none"> <li>Liquor, beer, and wine sales</li> <li>Manufacturing, selling, or distribution of motor vehicle fuel</li> <li>Cash discounts taken by customers</li> <li>Credit losses or bad debts sustained by customers</li> </ul>

**MAIL TAX RETURN TO:** City of Lake Forest Park  
 17425 Ballinger Way NE  
 Lake Forest Park, WA 98155-5556  
 Telephone (206) 957-2808  
 Information/Questions contact: [tax@cityoflfp.com](mailto:tax@cityoflfp.com)

**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: \_\_\_\_\_  
 PRINTED NAME: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_

DATE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_

**RETURN ORIGINAL SIGNED TAX REPORT**

Complete this space if you are **NO LONGER OPERATING IN LFP**

Date Discontinued \_\_\_\_\_