## **BUSINESS AND OCCUPATION TAX REPORT**

Lyman Business License #



Ouarter 1 2 3 4

Town of Lyman PO Box 1248 Lyman, WA 98263

Phone (360) 826-3033 Fax (360) 826-4763 www.townoflyman.com info@townoflyman.com

	Period Ending://Report must be filed even when no tax is due.  Return is due by the last day of the month following the end of the reporting period					
If this is the final retu	ırn, date business w	vas discontinued:_	//	Please co	omplete box at	bottom.
_egal Name of Firm:_						
Doing business as:						
Address:						
Tax Classification	Gross Receipts	Deductions As Below	Taxable I	Receipts	Tax Rate	Tax Due
Extractor, Manufacturing, Wholesale					0.002	
Processing, Processing for Hire					0.002	
Other Business					0.002	
Total*	*If total Gross Receipts are less than \$5000 per quarter or \$20,000 per year, no tax is due.					
<b>PENALTIES</b> (minimum 9% if not received by th					of Tax Due	
19% if not received by the last day of the month following the due date 29% if not received by the last day of the second month following the due date					Penalties	
DEDUCTIONS: Credit losses \$ Cash discounts \$				Multiple Activities Tax Credit		
Motor vehicle fuel s Other (interstate comm activities, etc.) Explain	nerce, multiple jurisdicti		ancial			
Please explain an	y changes in busi	s ness or added a	ctivities:		Total Due	
FINAL RETURN IN If there was a sale	_	usiness, name of r	new owner:_			

If additional space is needed, please attach supplementary sheets of this size.

The undersigned declares that he has read the foregoing return and certifies it to be complete and true, in accordance with the provisions of Town of Lyman, Chapter 9

This return is not complete without signature.

Signature Printed Name Date

Please do <u>not</u> submit report via certified or registered mail. Postmark is filing date. Thank you.