



CITY OF FIRCREST UTILITY & BUSINESS TAX

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

QUARTER: _____

REPORT DATE: _____

BUSINESS/UTILITY TYPE: _____

GROSS INCOME: \$ _____

Deductions (Itemize) \$ _____

Interstate of foreign \$ _____

Other nontaxable \$ _____

Bad debts \$ _____

Connections \$ _____

Joint use \$ _____

TOTAL DEDUCTIONS: \$ _____

TAXABLE INCOME: \$ _____

TAX RATE: **6%**

TAX DUE: \$ _____

* Franchise Fees are reported separately.

Signature

Date

Print Name

Print Title

Please Remit to:
City of Fircrest
ATTN: Finance
115 Ramsdell Street
Fircrest, WA 98466