



CITY OF
ISSAQUAH
WASHINGTON

FINANCE DEPARTMENT

P.O. Box 1307 • Issaquah, WA 98027-1307
Phone (425) 837-3050 • Fax (425) 837-3029
www.ci.issaquah.wa.us

ADMISSION TAX RETURN

BUSINESSES CHARGING ADMISSIONS MUST FILE AN ADMISSIONS TAX RETURN

ISSAQUAH MUNICIPAL CODE (IMC) 3.10

City Admission Tax Certificate No.: _____

Washington State UBI No.: _____

Business Name: _____

Business Address: _____

For Quarter Ending: _____

Date Taxes Due: _____

Mailing Address:

TAX RETURNS MUST BE FILED QUARTERLY (IMC 3.10.020)

COLUMN 1 BUSINESS CLASSIFICATION	COLUMN 2 PRICE PER ADMISSION	COLUMN 3 # OF ADMISSIONS	COLUMN 4 ADMISSIONS COLLECTED	COLUMN 5 RATE	COLUMN 6 TAX DUE
MOVIE THEATERS				.05	
CABARETS/DANCES				.05	
CONCERTS/PERFORMING ARTS				.05	
SPECIAL EVENTS				.05	
OTHER (please describe)				.05	
<p>TAX RETURNS MUST BE FILED QUARTERLY. Tax returns are considered late if not filed by the last day of the month following the reporting period.</p>			TOTAL TAX DUE THIS PERIOD		
			PREVIOUS BALANCE		
<p>FINAL RETURN? If yes, please check one - Business was:</p> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SOLD Date: _____ <input type="checkbox"/> CLOSED (see reverse)			TOTAL TAX DUE		

MAIL PAYMENT & COMPLETED TAX RETURN FORM TO:

City of Issaquah
Finance Department
P.O. Box 1307
Issaquah, WA 98027

MAKE CHECK PAYABLE TO CITY OF ISSAQUAH

STATEMENT BY TAX PAYER

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

Signature of Owner/Representative _____ Date _____

Signer's Title _____ Phone: _____

CITY OF ISSAQUAH
Admission Tax Return Instructions

QUARTERLY RETURNS

Admission Taxes are due and payable to the City of Issaquah Quarterly. Completed Tax Return Form and payment must be postmarked no later than the last day of each month following the reporting period.

For example:

<u>QUARTER</u>	<u>TAX PERIOD</u>	<u>TAX DUE DATE</u>
1 ST	JAN – FEBRUARY- MARCH	APRIL 30
2 ND	APRIL – MAY – JUNE	JULY 31
3 RD	JULY – AUGUST – SEPTEMBER	OCTOBER 31
4 TH	OCTOBER – NOVEMBER - DECEMBER	JANUARY 31

ADDITIONAL INFORMATION

- ✓ Taxes are based on Gross Receipts. Please enter your gross receipts in the appropriate box on the front of form.
- ✓ This Tax Return must be completed, signed and returned each reporting period (i.e. quarterly).
- ✓ Please notify the City of Issaquah Finance Department if your business location(s) has changed.
- ✓ If you are unsure of your filing status, please contact the City Finance Department.

OWNERSHIP CHANGE OR BUSINESS CLOSURE

Please provide the following information if there has been a sale or closure of your business during this tax period:

Date Business Closed/Ownership Changed _____

New Owner's Name: _____

New Owner's Address: _____

DELIVERY/FILING INSTRUCTIONS:

Mail this completed Tax Return to:

City of Issaquah
Finance Department
P.O. Box 1307
Issaquah, WA 98027

Or deliver in person to:

City of Issaquah
Finance Department
130 E. Sunset Way, 2nd Floor
Issaquah, WA 98027