

Return completed form & payment to:

City of Kirkland
Tax Section – Finance & Admin
123 Fifth Avenue
Kirkland, WA 98033

FA4222

City of Kirkland Account Number: _____
(Please contact taxes@kirklandwa.gov for account number)



**RETURN FOR OCCUPATION TAX – UTILITIES
SANITARY/GARBAGE COLLECTION SERVICES**

Voice 425.587.3116 ** TTY 711 ** FAX 425.587.3110 ** email: taxes@kirklandwa.gov

For the month of _____, 20__
(Returns due by 10th of each month following taxable period)

G. Business Name: _____

2. Business Address: _____
(Street)

(City) (State) (Zip)

3. Business Activity: _____

4. Gross income from business activity generated within Kirkland city limits for the taxable period:

A. Residential Domestic Activities..... \$ _____

B. Nonresidential Activities \$ _____

5. Total amount of exemptions and deductions claimed (see No. 8)..... \$ _____

6. Amount of gross income subject to tax (No. 4 minus No. 5):

A. Residential Domestic Activities..... \$ _____

B. Nonresidential Activities \$ _____

7. Amount of tax due this return:

G. Residential Domestic Activities \$ _____ x 10.50% = \$ _____

B. Nonresidential Activities: \$ _____ x 10.50% = \$ _____

Total Tax Due \$ _____

Less unused credit claimed on last annual adjusted return \$ _____

Amount of Tax Due \$ _____

(pay this amount when filing return)

(Please complete reverse in full)

Return for Occupation Tax - Utilities
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8. Itemization of deductions and exemptions claimed in No. 5 above:
- A. Gross income derived within the City from transactions in interstate commerce \$ _____
 - B. Gross income derived within the City from transactions in foreign commerce \$ _____
 - C. Gross income derived within the City from business done for the U.S. Government, its officers or agents, and paid by the U.S. Government \$ _____
 - D. Total amount paid to the City, the State of Washington, or the United States as excise tax upon the sale or distribution of property or services..... \$ _____
 - E. Total amount deducted because of discounts allowed or granted within the City \$ _____
 - F. Amount or amounts paid to City as license fee or license fees authorized as deductions by Kirkland Municipal Code Sections 5.08.060(a) and 5.08.0601(c) \$ _____
 - G. Total deductions from gross income (Enter here and in No. 5 above) \$ _____

I, the undersigned, declare under penalty of perjury that to the best of my knowledge and belief, the statements herein and on attachments are true, correct, and complete.

Signature	Date

Name and Title (Please Print)	

Email Address (Preferred Method of Communication)	

Telephone Number	Fax Number

NOTICE: Contact information provided on this form is part of the public domain. Any correspondence and attachments, including personal information, sent to and from the City of Kirkland are subject to the Washington State Public Records Act, Chapter 42.56 RCW, and may be subject to disclosure to a third party requestor, regardless of any claim of confidentiality or privilege asserted by an external party.