



City of Puyallup

Telephone Business Report

COMPANY NAME: _____
FEDERAL TAX ID: _____
CONTACT PERSON: _____
ADDRESS: _____

PHONE: _____
REPORTING PERIOD: _____ THROUGH _____

INSTRUCTIONS: *Please complete and return this form with remittance to the City of Puyallup, P.O. Box 84911, Seattle, WA 98124-6211.*

DUE DATE: *As defined by Puyallup Municipal Code-Chapter 5.10, telephone business reports and payments are due 1/31, 3/31, 5/31, 7/31, 9/30, 11/30 for the preceding two-month period. Payments may be made on a monthly basis also.*

| Business Classification | Gross Amount | Deductions | Taxable Amount | Rate | Tax Due |
|-------------------------|--------------|------------|----------------|-------------|-----------|
| Telephone Business | | | | 2.2% | \$ |
| | | | | | |
| TAXES DUE | | | | | \$ |

Tax Deductions

| | |
|----------------------------------|-----------------|
| Credit Losses and Uncollectibles | \$ _____ |
| Interstate - Foreign Commerce | \$ _____ |
| Bad Debt | \$ _____ |
| Other | \$ _____ |
| <i>Total Tax Deductions</i> | <i>\$ _____</i> |
| TOTAL TAXES DUE: | \$ _____ |

I declare under the penalties of perjury that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signed: _____ Date: _____

REMIT TO:
 City of Puyallup
 P.O. Box 84911
 Seattle, WA 98124-6211