CITY OF SUMAS

433 Cherry Street/PO Box 9, Sumas, WA 98295
P: (360) 988-5711 F: (360) 988-8855

FORM 1-A

LOCAL GASOLINE TAX MONTHLY ACTIVITY REPORT

NAME OF BUSINESS: _____

REPORTING MONTH: _____

LOCAL GASOLINE TAX OF 1% APPLIES TO THE TOTAL GALLONS OF RETAIL SALES OF MOTOR VEHICLE FUEL SOLD/DISPENSED FOR THE REPORTING MONTH
SMC 4.70.010

TOTAL GALLONS: _____

LOCAL TAX DUE (1% OR $0.01/gallon): $_____

REMITTANCE DUE DATE: By the 20th day of the following month

(Penalty of 20% of delinquent amount is due if payment is not received in full by Remittance Date)

SIGNATURE AND CERTIFICATION (REQUIRED)

"I swear and affirm to the best of my knowledge the information reported on this form is true and correct."

_____ _____
OWNER/MANAGER SIGNATURE DATE

_____ _____
PRINTED NAME OF SIGNER TITLE

PLEASE SUBMIT THIS FORM ALONG WITH PAYMENT TO:
City of Sumas, PO Box 9, Sumas, WA 98295

For questions regarding this form please contact Jennifer Bell, Finance Director, jbell@cityofsumas.com

Revised 11/2019