



CITY OF SUMAS  
PO Box 9  
Sumas, WA 98295

Reporting Period:  
\_\_\_\_\_

### Utility Tax Remittance Form

**Remittance is due by the 20<sup>th</sup> day of the following month of each reporting period.**

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Utility: \_\_\_\_\_

#### Tax Computation

Total Gross Receipts \_\_\_\_\_  
(For telephone utility - adjusted gross receipts) \$ \_\_\_\_\_

*Utility Tax of 6% applies to the total gross receipts (or adjusted gross receipts – which ever applies) for the reporting period.*

Total Tax Due (6% of gross receipts) \$ \_\_\_\_\_

Penalty Rate (penalty amount is due if the payment is not received in full by the Remittance Date) (If applicable)  
Amount of penalty to be included:

10% 1-30 days past due  
20% 31-60 days past due \$ \_\_\_\_\_  
30% 61 or more days past due

Total Remittance \$ \_\_\_\_\_

#### Certification

*The undersigned taxpayer declares that he/she has read the foregoing return and certifies it to be true, accurate and complete.*

Authorized Representative \_\_\_\_\_  
Signature Date

Print Name Title

**Confidential – The information on this tax return will not be released to the public.**

CITY OF SUMAS

PO BOX 9/ 433 CHERRY ST. SUMAS, WA 98295

360-988-5711

Updated 11/2022