



CITY OF REDMOND
City Cashier, MS: 2SPL
PO Box 97010
Redmond, WA 98073-9710
(425) 556-2144

MONTHLY UTILITY TAX RETURN
Within the Corporate Limits of the City

Business Name _____

Address _____

Business License # RED _____

Telephone _____ email address _____

Tax is due by 5 pm on or before the last day of each month in which the tax was accrued, after which penalties apply. Submit original return with payment made payable to the **City of Redmond**. (Redmond Municipal Code 5.44.060 and 5.48.010)

This report is for the month ending _____, 20____

- | | |
|--|-----------------|
| 1. Gross revenue | \$ _____ |
| 2. Deductions | _____ |
| 3. Taxable Revenue (line 1 minus line 2) | _____ |
| 4. Tax @ 6.0% of line 3 | _____ |
| TOTAL DUE | \$ _____ |

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

Signature of Applicant

Title

Printed Name

Date