

COMPANY NAME

TAX ID # _____

CITY OF BAINBRIDGE ISLAND, WA UTILITY USERS TAX

REPORTING PERIOD: _____

Gross Sales	_____
Less Tax Exempt Sales	_____
Net Sales Subject to Tax	_____
Tax Rate	_____ 6%
Gross Tax	_____
Less: Uncollectables	_____
Less: Vendor's Compensation	_____
Less: Tax Credits	_____
Net Tax Amount to be Remitted	_____

Signature

Title

Date

I hereby declare that all information provided herein is true, complete and accurate to the best of my knowledge.

Remit to: City of Bainbridge Island
280 Madison Ave N
Bainbridge Island, WA 98110