



**City of Shoreline
UTILITY TAX RETURN**

Mail Tax Returns and Correspondence to:
City of Shoreline
Administrative Services Department
17500 Midvale AVE N
Shoreline, WA 98133-4905

SECTION 1: Business Information

Utility Business Name: _____
 Contact Person: _____
 Contact Address: _____
 Contact Phone: (____) _____ Fax: (____) _____
 Account Number/FEIN: _____

Please note any changes in your business:
 Business status (closed, sold, etc.) Please explain: _____
 New Address: _____
 New Phone: (____) _____
 New Business Name and/or DBA: _____

SECTION 2: Gross Receipts Tax

Reporting Period: _____

For Internal Use Only	Tax Classification	Gross Receipts	Deductions, if any (see below)	Taxable Receipts	Tax Rate	Tax Due
0010000-3164600	Cable				6%	
0010000-3219100	Cable (Franchise Fee)				5%	
0010000-3164702	Cellular phone				6%	
0010000-3164701	Telephone				6%	
0010000-3164703	Pager				6%	
0010000-3164300	Natural Gas				6%	
0010000-3164500	Solid Waste				6%	

AMOUNT OF PAYMENT: \$ _____ *(Make check payable to City of Shoreline)*

Deductions: The following items may be deducted from the total gross income upon which the tax is computed:

- A. Credit losses actually sustained by taxpayers whose regular books are kept on an accrual basis.
- B. That portion of gross income derived from charges to another telecommunications company for connecting fees, switching charges, or carrier access charges relating to intrastate toll telephone services, or for access to, or charges for, interstate services, or charges for telephone service which the purchaser buys for the purpose of resale.
- C. Adjustments made to a billing or customer account in order to reverse a billing or charge that was not properly a debt of the customer.
- D. Amounts derived from a business which the City is prohibited from taxing under the constitution of this state or the Constitution or laws of the United States.
- E. Grants from governmental agencies.

ATTACH ITEMIZATION OF YOUR DEDUCTIONS WITH THIS FORM.

I hereby certify that the information provided on this tax return is true to the best of my knowledge.

 Name Title Date