

**CITY OF COLVILLE, WASHINGTON**

**UTILITY TAX RETURN FORM**

1. Taxpayer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Taxpayer ID: \_\_\_\_\_
2. Type of Taxpayer Business: \_\_\_\_\_
3. Return for the Month ending: \_\_\_\_\_
4. Gross Sales to consumers within the City of Colville during the month: \$ \_\_\_\_\_
5. Less deductions claimed \$ \_\_\_\_\_
6. Net Sales to consumers within the City of Colville during the month: \$ \_\_\_\_\_
7. Tax (6.0% of Item 6) \$ \_\_\_\_\_
8. Tax remitted herewith \$ \_\_\_\_\_
9. Explain in full deductions claimed in Item 5:

10. Date of this report: \_\_\_\_\_

I, the undersigned, do hereby certify under penalty of perjury that the information herein given is full and true and that I know the same to be so.

Taxpayer: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Mail return to:

City of Colville  
Treasurer's Office  
170 S. Oak St.  
Colville, WA 99114-2898