

Town of Wilson Creek, WA
Washington, Wilson Creek - Utility Service Tax

Reporting Period: _____

Return Due: _____

FEIN: _____

Tax Identification Number

Company Name: _____

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Address: _____

City, State ZIP: _____

Phone: _____

Fax: _____

Gross Sales	
Less: Tax Exempt Sales	
Net Sales Subject to Tax	
Tax Rate	2%
Gross Tax	
Less: Uncollectables	
Less: Vendor's Compensation	
Less: Tax Credits	
Net Tax Amount to be Remitted	

Tax Payer: {insert name and title here} _____ Date _____

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

Tax Preparer: {insert name and title here} _____ Date _____

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

REMIT TO: Town of Wilson Creek
PO Box 162
Wilson Creek, WA 98860