



PUBLIC UTILITY TAX

Remit to: PO Box 9 Woodland WA 98674

Company	- (required) FEIN No.
Address	(required) Woodland Business License No.
City	State
()	Zip Code
Telephone No. for inquiries	

For the period of _____
Month (s) Year

PLEASE CHOOSE APPROPRIATE TAX

	CELL PHONE 001 316 47 00 01	PAGER 001 316 47 00 02	TELEPHONE 001 316 47 00 00
1. Gross Revenue	\$ _____	\$ _____	\$ _____
2. Deductions <i>(Only as allowed per Woodland Municipal Code 5.20.050)</i>	\$ _____	\$ _____	\$ _____
3. Taxable Revenue	\$ _____	\$ _____	\$ _____
4. Tax @ 6% of Line 3	\$ _____	\$ _____	\$ _____
5. Late filing penalty - 10%	\$ _____	\$ _____	\$ _____
6. Total Remittance	\$ _____	\$ _____	\$ _____

I hereby certify that the information provided on this tax return is to the best of my knowledge and belief, a true and accurate statement.

Signed	Printed Name
Title	Date