



**CITY OF BREMERTON**

**Tax & License Division**

345 Sixth Street, Suite 100

Bremerton WA 98337-1891

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[www.bremertonwa.gov](http://www.bremertonwa.gov)

Email: [taxinfo@ci.bremerton.wa.us](mailto:taxinfo@ci.bremerton.wa.us)

**BUSINESS TAX RETURN**

**Questions?  
(360) 473-5298**

NAME AND ADDRESS:

Account/License No.

Tax Period

Date Due

Be sure name & address are correct.

Column 1 Business Classification	Column 2 Gross Amount In Bremerton	Column 3 Deductions *** <small>(explain below)</small> ***	Column 4 Exemption*	Column 5 Taxable Amount <small>(Col 2 - Col 3 - Col 4)</small>	Col 6 Rate	Column 7 Tax Due <small>(Col 5 x Col 6)</small>
01 Retail (B & O)				\$ -	.00125	\$ -
02 Wholesale/ MFG (B & O)				\$ -	.00160	\$ -
03 Service ** (B & O)				\$ -	.00200	\$ -

**\* If filing B & O tax you are eligible to take an Exemption of up to \$220,000 annually**

**Enter your Exemption in Column #4 (See instructions for details)**

09 Amusement Device/Games				\$ -	.02000	\$ -
10 Punchboard/Pulltab (profit)				\$ -	.03000	\$ -
11 Punchbord/Pulltab (non-profit)				\$ -	.10000	\$ -
12 Card Rooms (Player Backed)				\$ -	.10000	\$ -
13 Card Rooms (House Backed)				\$ -	.02000	\$ -
14 Bingo/Raffles				\$ -	.05000	\$ -
16 Other Gambling				\$ -	.10000	\$ -
21 Parking Lot				\$ -	.15000	\$ -
26 Garbage Utility				\$ -	.09500	\$ -
29 Cable Utility				\$ -	.07000	\$ -
25 Telephone/24 Gas/23 Electric				\$ -	.06000	\$ -

**\*\*\*Unexplained Deductions Will Not Be Allowed\*\*\***

Type of Deduction and Explanation	Amount	Total of Column 7
		\$ -
		Penalties (See Back)
		\$ -
		Total Tax and Penalty
		\$ -
		Balance Forward
		<b>Amount Paid</b>
		\$ -

\*\*Service Income Apportionment Worksheet is available on our website under Forms/Business/Finance

**If you would like to close your account please complete:**

I discontinued doing business in Bremerton on (date): \_\_\_\_\_  
 I closed my business on (date): \_\_\_\_\_  
 I sold my business on (date): \_\_\_\_\_  
 New Owner's Name and Address and Phone # \_\_\_\_\_

**Signature Required**

The taxpayer hereby declares that he/she has read this tax return and certifies it to be correct:

Print Name: \_\_\_\_\_  
 Signed: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Unsigned forms will be returned for signature