CITY OF BREMERTON
Tax & License Division
345 Sixth Street, Suite 100
Bremerton WA 98337-1891
Phone: (360) 473-5311 Fax: (360) 473-5300
www.bremertonwa.gov
Email: 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 ***(explain below)***	Column 4 Exemption*	Column 5 Taxable Amount (Col 2 - Col 3 - Col 4)	Col 6 Rate	Column 7 Tax Due (Col 5 x Col 6)
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 $180,000 annually
Enter your Exemption in Column #4 (See instructions for details)

Business Classification	Gross Amount	Deductions	Exemption	Taxable Amount	Rate	Tax Due
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	
		Amount Paid	$ -

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

If you would like to close your account please complete:	Signature Required
I discontinued doing business in Bremerton on (date):_____	The taxpayer hereby declares that he/she has read this tax return and certifies it to be correct:
I closed my business on (date): _____	Print Name: _____
I sold my business on (date): _____	Signed: _____
New Owner's Name and Address and Phone #	Title: _____
	Phone: _____
	Unsigned forms will be returned for signature