

City of Cle Elum
 119 West First Street
 Cle Elum, WA 98922



Telephone: (509) 674-2262
 Fax: (509) 674-4097
 www.cityofcleelum.com

ADMISSION TAX RETURN FORM

Company Name:		
Address:		
City, State, Zip Code:		
Month End:	Date Due:	Registration #:
Gross Receipts (less all taxes):		
Tax Rate:		5%
Tax Due:		
Penalty (10% of tax):		
Total Due:		

I hereby certify that the statements and information provided on this tax return are true and complete to the best of my knowledge.

DATED this _____ day of _____, 20_____.

Signature

Title

Printed Name

Telephone (please include area code)

Note changes in business operations below:

Sold – please list new owner name and new owner address:	
Change address to: (please list new address)	
Discontinue business as of (date):	

FOR OFFICIAL USE ONLY

AMOUNT PAID	DATE RECEIVED	BY	RECEIPT #	CHECK #