

BI-MONTHLY ADMISSIONS TAX RETURN



Department of Taxes & Licenses
808 W Spokane Falls Blvd
Spokane WA 99201-3336
PH: (509)625-6070
FX: (509)625-6990

PERIOD	NOVEMBER DECEMBER	JANUARY FEBRUARY	MARCH APRIL	MAY JUNE	JULY AUGUST	SEPTEMBER OCTOBER
DUE DATE	January 15	March 15	May 15	July 15	September 15	November 15

FIRM NAME	ADDRESS
OWNER OR MGR	MAIL ADDRESS
BI-MONTHLY REPORT FOR _____ 20 _____	

A properly filled report, accompanied by remittance, must be filed with the City of Spokane Taxes & Licenses Dept, not later than the 15th of the month next succeeding bi-monthly period reported.

LOCATION &/OR TYPE OF ADMISSION	GROSS ADMISSIONS	NET ADMISSIONS	CITY TAX RATE	TOTAL TAX PAYABLE
TOTALS				

MAKE CHECKS PAYABLE TO THE CITY OF SPOKANE

FOR CITY'S USE ONLY
Tr Rcpt # _____
Date Paid _____

I hereby certify that the above statement is a true and complete record of the transactions coming under the Admissions Tax ordinance for the period reported.

FIRM NAME: _____ DATE: _____

BY: _____ TITLE: _____