



**City of Redmond**  
**Multi-Purpose Tax Return**

Mail form and payment to:  
City of Redmond  
City Cashier, MS: 1SCS  
P.O. Box 97010  
Redmond, WA 98073-9710

Find more information at [www.redmond.gov](http://www.redmond.gov) or by contacting the Finance Department at 425-556-2144.

Taxpayer Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City of Redmond Business License Number: \_\_\_\_\_  
 Reporting Period: \_\_\_\_\_ Date Due: \_\_\_\_\_

### Utility Taxes

Tax Return must be postmarked by the last day of the month following the tax period paid, after which penalties apply. (RMC 5.44, RMC 5.48 and RMC 5.60)

	Gross Income	Deductions	Taxable Receipts	Tax Rate	Tax Due
Telephone Service				0.06	
Cellular Telephone Service				0.06	
Natural or Manufactured Gas				0.06	
Electric Light & Power				0.06	
Cable Service				0.06	
Franchise Fee				0.05	
Garbage Collection				0.06	
				Subtotal	
			Penalty	0.5	
				Total	

### Admission Taxes

Tax Return must be postmarked by the last day of the month following the tax period paid, after which penalties apply. (RMC 3.28)

Type of Admission	Number of Admissions Sold	Price of Each Admission	Total Admissions	Tax Rate	Tax Due
				0.05	
				0.05	
				0.05	
				Subtotal	
				.10 (Minimum of \$10)	
				.15 (Minimum of \$10)	
				Total	

I declare under the penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date