

City of Ellensburg, WA
Washington, Ellensburg Utility Users tax

Reporting Period: _____

FEIN: _____

Tax Identification Number

Company Name: _____

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Address: _____

Return Due: _____

Contact: _____ Phone: _____

Gross Sales	
Less: Tax Exempt Sales	
Net sales Subject to tax	
Tax rate	6%
Gross Tax	

Tax Payer: _____ Date _____

I hereby declare that all information provided herein is true, complete and accurate to the best of my knowledge.

Tax Preparer: _____ Phone No. _____ Date _____

I hereby declare that all information provided herein is true, complete and accurate to the best of my knowledge.

REMIT TO:

City of Ellensburg
Finance Department
501 N. Anderson Street
Ellensburg, WA 98926