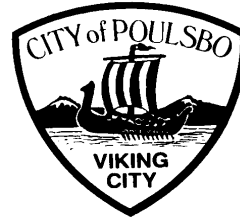


City of Poulsbo Utility Tax Return

**200 Moe Street
Poulsbo, WA 98370
360-779-3901**



Name of Business	_____
Mailing Address:	_____ _____
Location Address:	_____ _____
Telephone:	_____

Reporting Period	_____
Gross Receipts	_____
Less Returns & Allowances	_____
Gross Sales	_____
6% Tax	_____
Total Tax Due	\$ <u>_____</u>

I being duly authorized, do hereby certify that this report is to the best of my knowledge true, correct and complete in accordance with the Ordinances of the City of Poulsbo.

Signature

Title