



CITY OF TUKWILA

Finance Department
6200 Southcenter Blvd
Tukwila, WA 98188

Monthly Admission Tax Return

licensing@tukwilawa.gov

206-431-3680

Business Name (Legal)

State UBI #

DBA (Doing Business As)

Contact Phone

Business Address (Tukwila)

City, State & ZIP

Due Date : Admission Tax due by the last day of the following month being reported. EX: Jan due by 2/28

Penalty Fee: 10% for each month not paid after the due date. Per TMC 3.20.040 C.

Gross Receipts: _____

Tax Rate - 5% _____

Penalty Fee (if any): _____

Total Due: _____

Month/Year Reporting

000.318.110.00.00

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 _____, _____ Year

Signature

Printed Name

Title

Contact Phone

Contact Email Address

Change in Ownership Notification:

New Owner Name

Contact Phone

Address

City, State & ZIP