TO: State of Washington Department of Revenue PO Box 34051

MAY 2003
COMBINED EXCISE TAX RETURN

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NAME Dr. John Doe
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FIRM NAME Doe's Veterinary Clinic
STREET ADDRESS $232402^{\text {nd }}$ Ave
CITY, STATE, ZIP Spokane, WA 99222

## Please fill in the appropriate box and note address changes above.

| $\begin{array}{\|c\|} \hline \text { Line } \\ \text { No. } \\ \hline \end{array}$ | Tax Classification | Code | Column I Gross Amount |  | Col. 2 Deductions* <br> Totals from Pg. 3 \& 4 | $\begin{gathered} \text { Column } 3 \\ \text { Taxable Amount } \\ \hline \end{gathered}$ |  | Col. 4 Rate | Column 5 Tax Due |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | Extracting, Extracting for Hire | 16 |  |  |  |  |  | . 00484 |  |  |
| 2 | Slaughter, Break Proc, Perish Meat-Whlse; Mfg Wheat into Flour; Raw Seafood; Soybean \& Canola Proc | 30 |  |  |  |  |  | . 00138 |  |  |
| 3 | Travel Agent Com/Tour Operators; Intl Charter Freight Brokers; Stevedoring | 28 |  |  |  |  |  | . 00275 |  |  |
| 4 | Insurance Agents; Insurance Brokers Commis | 14 |  |  | $\square$ |  |  | . 00484 |  |  |
| 5 | Manuf Fresh Fruit and Veg; Split or Proc Dried Peas; Prescription Drug Warehousing; Mfg Dairy Products | 21 |  |  |  |  |  | . 00138 |  |  |
| 6 | Processing for Hire; Printing and Publishing | 10 |  |  |  |  |  | . 00484 |  |  |
| 7 | Manufacturing | 07 |  |  |  |  |  | . 00484 |  |  |
| 8 | Royalties; Child Care | 80 |  |  |  |  |  | . 00484 |  |  |
| 9 | Wholesaling | 03 |  |  |  |  |  | . 00484 |  |  |
| 10 | Warehousing; Radio \& TV Broadcasting; Public Road Construction; Government Contracting | 11 |  |  |  |  |  | . 00484 |  |  |
| 11 | Public or Nonprofit Hospitals | 55 |  |  |  |  |  | . 015 |  |  |
| 12 | Cleanup of Radioactive Waste for US Gov't; Environmental Remedial Action | 83 |  |  |  |  |  | . 00471 |  |  |
| 13 | Service \& Other Activities | 04 | 4,800 | 00 |  | 4,800 | 00 | . 015 | 72 | 00 |
| 14 | Retailing of Interstate Transportation Equip | 19 |  |  |  |  |  | . 00484 |  |  |
| 15 | Retailing | 02 | 70 | 00 |  | 70 | 00 | . 00471 |  | 33 |
| GROSS AMOUNTS FOR RETAILING AND RETAIL SALES MUST BE THE SAME |  |  | Deductions taken but not itemized on pages 3 and 4 will be disallowed. <br> II STATE SALES AND USE TAX |  |  |  |  |  | 72 | 33 |
| 16 | Retail Sales (also complete local tax section III) | 01 | 70 | 00 |  | 70 | 00 | . 065 | 4 | 55 |
| 17 | Use Tax/Deferred Sales Tax (also complete local tax section III) | 05 |  |  | Value of articles used by taxpayer as a consumer on which no Washington sales tax has been paid |  |  | . 065 |  |  |
| III LOCAL CITY AND/OR COUNTY SALES AND USE TAX |  |  |  |  | TOTAL STATE SALES \& USE TAX |  |  |  | 4 | 55 |
| Local Sales Tax (Enter applicable rate of tax) <br> Code 45 |  |  |  |  | JUNE 2003 | DUE DATE: JUNE 25, 2003 |  |  |  |  |

Local Sales Tax (Enter applicable rate of tax)
Code 45

| Line No. | Location Code | Taxable Amount |  | Local Rate | Tax Due City or Co. |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18 | 1726 | 70 | 00 | . 013 | 91 |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
|  | TOTAL TAXABLE | 70 | 00 | TOTAL | 91 |


| Local Use Tax/Deferred Sales Tax (Enter applicable rate of tax) Code 46 Total Value of Articles must be the same as line 17, column 1, Gross Amount |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Line | Location Code | Value of Articles |  |  | Local Rate | Tax Due City or Co. |  |
| 23 |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |
|  | $\begin{aligned} & \text { OTAL VALUE } \\ & \text { F ARTICLES } \end{aligned}$ |  |  |  | TOTAL |  |  |
| $\begin{array}{\|l} \hline \text { Line } \\ \text { No. } \end{array}$ | Tax Classification | Code | Taxable Amour | unt | Rate | Tax Due |  |
| 26 | Region Transit Authority (RTA) | 89 |  |  | . 004 |  |  |
| 27 | King County Food \& Bev | 90 |  |  | . 005 |  |  |
| 28 | Litter Tax | 36 | 70 | 00 | . 00015 |  | 01 |



DUE DATE: JUNE 25, 2003
$\star 5$ \% Penalty Assessed After June 25, 2003 10\% Penalty Assessed After July 31, 2003 20\% Penalty Assessed After September 2, 2003 If the due date falls on a weekend or legal holiday, the due date is extended to the next business day. Please fill in this box if you had no business activity. $\square$ (see note section, pg. 2) - This return must be mailed, unless filed electronically.

Please make check or money order payable to the Washington State Department of Revenue. Do not send cash or coins.
$\rightarrow$ For assistance, call (800) 647-7706.

- Signature

| Ph. | ( ) Date | VIII TOTALS |  |
| :---: | :---: | :---: | :---: |
| $\begin{gathered} \hline \text { Line } \\ \text { No. } \\ \hline \end{gathered}$ | Item |  |  |
| 29 | Total All Tax Due from page 1 | 77 | 80 |
| 30 | Total All Tax Due from page 2 |  |  |
| 31 | Rental Car Tax (attach Rental Car Tax Addendum) |  |  |
| 32 | Subtotal (add lines 29-31) | 77 | 80 |
| 33 | Credit (from page 2, section VII, total credit) |  |  |
| 34 | Subtotal (subtract line 33 from line 32) |  |  |
| 35 | Add Penalty, if applicable $\star \quad$ Minimum $\$ 5.00$ |  |  |
|  | TOTAL AMOUNT OWED (add lines 34-35) | 77 | 80 |


| Line ${ }^{\text {L TRANSIENT RENTAL INCOME INFORMATION }}$ |  |  |  | (enter location code and income only) |  | Code 47 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Line No. | Location Code | Income | Location Code | Income | Location Code | Income |
| 37 |  |  |  |  |  |  |
| 38 |  |  |  |  |  |  |


| CONVENTION AND TRADE CENTER TAX |  |  |  | Code 48 | SPECIAL HOTEL/MOTEL TAX |  |  |  | Code 70 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Line Lino. No. | Location Code | Taxable Amount | Rate | Tax Due | Line Line. No. | Location Code | Taxable Amount | Rate | Tax Due |
| 39 |  |  |  |  | 42 |  |  |  |  |
| 40 |  |  |  |  | 43 |  |  |  |  |
| 41 |  |  |  |  | 44 |  |  |  |  |
| $\text { TOTAL CONVENTION \& }- \text { CEENTE' } A A X L — — \quad \text { TAI ;PE' AL HO L/MOTEL TAX }$ |  |  |  |  |  |  |  |  |  |
|  |  |  |  | V STATE P |  | TY TAX |  |  |  |
| $\begin{array}{\|l} \hline \text { Line } \\ \text { No. } \\ \hline \end{array}$ | Tax C | sification | Code | $\begin{gathered} \text { Column I } \\ \text { Gross Amount } \\ \hline \end{gathered}$ | $\begin{aligned} & \text { Col. } 2 \\ & \text { Total } \end{aligned}$ | $\begin{aligned} & \text { Deductions }{ }^{*} \\ & \text { from Pg. } 4 \end{aligned}$ | $\begin{gathered} \text { Column } 3^{* *} \\ \text { Taxable Amount } \end{gathered}$ | $\begin{gathered} \hline \text { Col. } 4 \\ \text { Rate } \\ \hline \end{gathered}$ | $\begin{gathered} \hline \text { Column } 5 \\ \text { Tax Due } \end{gathered}$ |
| 45 | Water Distribution |  | 60 |  |  |  |  | . 05029 |  |
| 46 | Sewer Collection |  | 61 |  |  |  |  | . 03852 |  |
| 47 | Power |  | 49 |  |  |  |  | . 03873 |  |
| 48 | Gas Distribution; T | aph | 26 |  |  |  |  | . 03852 |  |
| 49 | Motor Transportatio | Railroad; Railroad Car | 08 |  |  |  |  | . 01926 |  |
| 50 | Urban Transportatio | Vessels Under 65 ft | 12 |  |  |  |  | . 00642 |  |
| 51 | Other Public Servic | siness | 13 |  |  |  |  | . 01926 |  |
| ** If taxable amounts on lines $45-51$ column 3 total less than $\$ 2,000$, no Public Utility Tax is due. $\quad$ TOTAL STATE PUBLIC UTILITY TAX |  |  |  |  |  |  |  |  |  |


| $\begin{aligned} & \text { Line } \\ & \text { No. } \end{aligned}$ | Tax Classification | Code | Column I Gross Amount | Col. 2 Deductions* Totals from Pg. 4 | Column 3 Taxable Amount | Col. 4 Rate | $\begin{aligned} & \text { Column } 5 \\ & \text { Tax Due } \\ & \hline \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 52 | Tobacco Products | 20 |  |  |  | 1.2942 |  |
| 53 | Refuse Collection | 64 |  |  |  | . 036 |  |
| 54 | Petroleum Tax | 57 | Temporarily Not Due - Fund Limit Reached |  |  | . 005 |  |
| 55 | Hazardous Substance | 65 |  |  |  | . 007 |  |
| 56 | Intermediate Care Facilities for the Mentally Retarded (IMR) | 79 |  |  |  | . 06 |  |

* Deductions taken but not itemized on page 4 will be disallowed.

| Line No. | Tax Classification | Code | Item | Quantity Sold | Rate | Tax Due |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 57 | Solid Fuel Burning Device Fee | 59 | Number of Stoves, Fireplaces, \& Solid Fuel Burning Devices: |  | \$30.00 |  |
| 58 | Syrup Tax | 54 | Number of Gallons (whole numbers only): |  | \$1.00 |  |
| 59 | State Enhanced 911 Tax | 93 | Number of Taxable Switched Access Lines: |  | . 20 |  |
| 59b | (Wireless) State Enhanced 911 Tax | 94 | Number of Taxable Radio Access Lines (Wireless): |  | . 20 |  |
| PLEASE NOTE: |  |  |  | TOTAL OTHER TAXES |  |  |

## PLEASE NOTE:

If you do not have deductions, do not return pages 3 and 4.
If you have deductions, complete and return pages 3 and 4 .

## NEED HELP?

Internet Assistance - Go to DOR's home page at http://dor.wa.gov

- Click on FORMS to access forms including the Local City and/or County Sales and Use Tax Supplement, and other tax-related forms
- Under Tax Topics, click on BUSINESS for answers to frequently asked questions and business closure information, and the Filing Your Tax Return link provides penalty waiver information. Under PUBLICATIONS, the Business Tax Guide link provides tax return information and instructions.
- To update your account information or to close your account with the Department of Revenue, click on DOR SERVICES, then Business Account Closure/Update.


## Telephone Assistance

- Call the Department of Revenue office nearest you or (800) 647-7706
- To file a No Business Activity return by telephone, call (800) 647-7706 Enter code 111 and follow these steps: 1) Enter your 9-digit tax registration number; 2) Verify the number entered; 3) Enter 3;

4) Respond to pre-recorded questions to file your return over the telephone. Do not mail paper return back to the department.

- For penalty waiver criteria information, call (800) 334-8969 and enter code 429.
- For business closure information, call (800) 334-8969 and enter code 430.
To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 486-2342. Teletype (TTY) users may call (800) 451-7985
(Add lines 52-59b)

| VII CREDITS |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Line. <br> No. | Credit Classification | Credit <br> I.D. | Amount |  |
| 60 | Multiple Activities Tax Credit (attach Schedule C) | 800 |  |  |
| 61 | High Technology Credit <br> (attach Research \& Development Credit Affidavit) | 830 |  |  |
| 62 | Manufacturing Software; Programming Rural Employment <br> B\&O Credit | 860 |  |  |
| 63 | Help Desk Services B\&O Credit | 865 |  |  |
| 64 | Alternatives to Field Burning B\&O Credit | 875 |  |  |
| 65 | International Services Credit | 855 |  |  |
| $\mathbf{6 6}$ | Small Business B\&O Tax Credit (see table enclosed) | 815 |  |  |
| 67 | Electric Utility Rural Economic Development Revolving Fund <br> Public Utility Tax Credit | 870 |  |  |
| 68 | Bad Debt Tax Credit (attach Schedule B) | 801 |  |  |
| 69 | Hazardous Substance | 805 |  |  |
| 70 | Public Utility Tax Credit for Billing Discounts/Qualified Contributions <br> to a Low Income Home Energy Assistance Fund | 880 |  |  |
| 71 | Other Credits (attach appropriate documents) | 810 |  |  |

- If you have deductions, return pages 3 and 4. If you do not have deductions, do not return pages 3 and 4.
- Deductions taken on the Combined Excise Tax Return, but not itemized on this form will be disallowed.
- Report deductions under the heading that corresponds to your reporting activity.
- Transfer the total amount of each deduction from this form to the corresponding tax classification on your return in the deduction column.

If Completing, Fill out Name, Tax Registration Number and Attach to Combined Excise Tax Return.


- Tax Registration No.



## Not all deductions are allowable from both Retailing and Retail Sales Tax.




