

CITY OF SANDY TRANSIT TAX REPORT

BUSINESS NAME	ACCOUNT NUMBER

ADDRESS	SELECT QUARTER & FILL IN YEAR		
		QUARTER	DATE DUE
	<input type="checkbox"/>	1 ST	April 30, 201_
	<input type="checkbox"/>	2 ND	July 31, 201_
CONTACT NAME AND PHONE #:	<input type="checkbox"/>	3 RD	October 31, 201_
	<input type="checkbox"/>	4 TH	January 31, 201_
	<input type="checkbox"/>	Annual for Net Earnings:	April 15, 201_

- 1a. Total subject wages (Quarterly).....
- 1b. Self-employment earnings (Sole Proprietors and Partnerships)
(Amount on Schedule SE or Form 1065).....
- 2. Tax Rate for line(s) 1a and/or 1b.....
- 3. Tax due (multiply 1a and/or 1b by line 2).....
- 4. Penalty (25% assessed 30 days after date due).....
- 5. Interest (1.5% per month past due).....
- 6. Total amount due (add lines 3, 4, & 5).....

.006

Signature	Date	Daytime Telephone
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THIS REPORT IS TRUE AND IS FILED UNDER PENALTY OF FALSE SWEARING

EXTENSIONS/AMENDED RETURNS
<input type="checkbox"/> An extension has been filed, payment based on estimate
<input type="checkbox"/> This is an amended return

MAIL OR DELIVER TO:

**City of Sandy
39250 Pioneer Blvd.
Sandy, OR 97055**