



PLEASE COMPLETE THIS FORM AND RETURN TO:
CITY OF PONDERAY, P O BOX 500, PONDERAY ID, 83852

CITY OF PONDERAY, IDAHO
LOCAL OPTIONS SALES TAX PERMIT :

STATE SALES TAX NUMBER: _____

FOR: _____
(Name of Business)

LOCATED AT: _____

How often is your state sales tax due? Monthly Quarterly Annually Do not pay Sales Tax

If state tax is due other than monthly, please attach the letter from the State that allows this schedule.
If not attached your tax will be due monthly.

Dated this _____ day of _____, 2020.

SIGNATURE