Hospital Patient Handling
Business & Occupation Credit Form
ESHB 1672 – Chapter 165, 2006 Laws, Effective: June 7, 2006

Tax Registration Number ______ - ______ - ______  Tax Reporting Period _________________

Business Name ____________________________________________ Phone Number ( ) __________

Address __________________________________________________
City __________________________________________ State ____________ Zip ________________

Instructions
• Please complete worksheet below. Transfer the total amount of credit taken this period (line 9) to the Other Credits line on page 2 of your excise tax return.

• Please attach a copy of this worksheet to your excise tax return when credit is claimed.

Calculation of Business & Occupation (B&O) Tax Credit

1. Number of available acute care inpatient beds ............................................................... __________

2. Maximum tax incentive per bed ...................................................................................... x $ 1,000.00

3. Maximum accumulative credit that can be taken (multiply line 1 by line 2) ............... $ __________

Patient Equipment Purchased

4. Number of lifting devices or other equipment purchased since June 7, 2006 ............... __________

5. Total cost of lifting devices and other equipment purchased since June 7, 2006 ........ $ __________

Total Available Patient Handling Credit

6. Total amount of credit (this is the lesser of lines 3 or 5) ............................................... $ __________

7. Amount of credit taken on prior tax returns ................................................................. $ __________

8. Total available credit (subtract line 7 from line 6) ....................................................... $ __________

9. Total amount of credit taken this period (Amount cannot exceed your B&O liability) ................................................................. $ __________

Credit I.D. 955

Note: The amount of credit to be applied towards this period cannot exceed the total amount of B&O tax due this period.

Signature _________________________________ Date ____________

For tax assistance visit http://dor.wa.gov or call 1-800-647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.