



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) 955 \$ _____

Credit I.D.

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.