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.

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**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) ........................................... $ _________

**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.