

## 2016 Annual Tax Incentive Report for Preferential Tax Rates/Credits/Deduction/Exemptions Worksheet - Electronic Filing Required

(To be used only when required as part of the 2017 Annual Report)

Department of Revenue Tax Registration Number (TRN) _____ - _____ - _____	
Name of Business as Registered  	
Total number of employees statewide (as reported to Employment Security) on December 31 <sup>st</sup> of the report year  _____	Employment Security Department (ESD) Number(s) (e.g. 123456-78-9)  _____ _____ _____
Tax Incentives taken (check the boxes that apply): <input type="checkbox"/> Aerospace FAR Part 145 Repair Station <input type="checkbox"/> Aerospace Manufacturer <input type="checkbox"/> Aerospace Non-Manufacturing <input type="checkbox"/> Aluminum Smelter Tax Incentives <input type="checkbox"/> Data Center Sales & Use Tax Exemption <input type="checkbox"/> Electrolytic Processing Industry Tax Incentive <input type="checkbox"/> Gas Distribution Business Sales & Use Tax Exemption <input type="checkbox"/> Government Funded Mental Health Services Deduction <input type="checkbox"/> Newspaper Industry Incentive <input type="checkbox"/> Semiconductor Cluster Incentives	Percentage of activities reflected in this report supported by tax incentives:  _____%
	Report Contact: Name _____ Phone _____ E-mail _____

Check this box if you manufacture tooling for aerospace.

**You must choose one of the following:**

- Have manufacturing or business sites in Washington and are reporting by site.
- Prefer to report "All Washington Employment" on a single report or have no manufacturing or business sites in Washington. On page 2, under Manufacturing Site Details, enter "All Washington Employment" as your Physical Address 1. Answer all questions using "Statewide" employment data.
- No business sites and no employees in Washington State.

**You must file the 2016 Annual Tax Incentive Report if:** (1) you claimed a tax incentive(s) covered by this report in 2017, (2) your business opened prior to 2017, and (3) you did not previously file a 2016 Annual Tax Incentive Report for the incentive(s) claimed.

**The report must be filed electronically with the Department of Revenue by May 31, 2018 (RCW 82.32.600). See the 2017 Annual Tax Incentive Report for complete instructions.**

**BUSINESS/MANUFACTURING SITES**

How many business/manufacturing sites do you have in Washington that were supported by tax incentives during this calendar year? \_\_\_\_\_

**BUSINESS/MANUFACTURING SITE DETAILS**

You must submit a separate report for each manufacturing or business site benefiting from a tax incentive, unless you chose the option to submit as "All Washington Employment." If you claimed tax incentives covered by this report in 2017 and your site was opened prior to 2017, you must file a report for 2016 and 2017. The report is not confidential and will be disclosed to the public.

**Description**

Physical address 1 \_\_\_\_\_

Physical address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Report contact person \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Date of first business activity \_\_\_\_\_ Date of last business activity \_\_\_\_\_

Reason for end of business activity at this site  Moved  Sold  Closed

**Description of New Site**

New site - Physical address 1 \_\_\_\_\_

New site - Physical address 2 \_\_\_\_\_

New site - City \_\_\_\_\_ New site - State \_\_\_\_\_ New site - Zip \_\_\_\_\_

If end of business was due to a purchase or merger with another company, please enter:

New - Company Name \_\_\_\_\_

New - Company TRN \_\_\_\_\_

- No Medical Plan Offered
- No Dental Plans Offered
- No Retirement Benefits Offered

You are required to make a good faith effort to substantially respond to all report questions. If a question does not apply to your business, answer the question using zero (0). Responses such as "various" or "please contact for further information" will not be considered valid.

**SECTION 1a - EMPLOYMENT INFORMATION**

<b>OCCUPATIONS/ STANDARD OCCUPATION CODE</b>	<b>1</b> Total no. of employees in this occupation	<b>2a</b> Minimum Wage - \$10 (%)	<b>2b</b> \$10.01 - \$15 (%)	<b>2c</b> \$15.01 - \$20 (%)	<b>2d</b> \$20.01 - \$30 (%)	<b>2e</b> \$30.01 & Over (%)	<b>3a</b> Full-Time Employees (%)	<b>3b</b> Part-Time Employees (%)	<b>3c</b> Temporary Employees (%)	<b>4</b> Medical Benefits % Eligible	<b>5</b> Retirement Benefits % Eligible
<b>Management</b> (SOC 11-0000)											
<b>Business, financial, and legal operations</b> (SOC 13-0000, SOC 23-0000)											
<b>Computer, mathematical, architecture, and engineering</b> (SOC15-0000, SOC 17-0000)											
<b>Life, physical, and social science</b> (SOC 19-0000)											
<b>Community and social services</b> (SOC 21-0000)											
<b>Education, training, and library</b> (SOC 25-0000)											
<b>Healthcare practitioners, technical, and support</b> (SOC 29-0000, SOC 31-0000)											
<b>Protective services, building, and grounds maintenance</b> (SOC 33-0000, SOC 37-0000)											
<b>Sales and service</b> (SOC 41-0000)											
<b>Office and administrative support</b> (SOC 43-0000)											
<b>Construction and extraction</b> (SOC 47-0000)											
<b>Installation, maintenance, and repair</b> (SOC 49-0000)											
<b>Production, non-construction trades, and craft</b> (SOC 51-0000)											
<b>Transportation and material moving</b> (SOC 53-0000)											
<b>Other (forest, fishery, agriculture, military, arts, entertainment, and media)</b>											

**SECTION 1b – TEMPORARY STAFFING**

1. How many people did you hire through temporary staffing firms? \_\_\_\_\_
2. What are the top three occupational codes in which those workers were placed? (See instructions for a list of Occupation Codes)
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
3. What was the average length of temporary employment?
 

0 - 30 days    
  31 - 60 days    
  61 - 90 days    
  91 days - 1 year    
  over 1 year    
  Not Applicable

**SECTION 2a – MEDICAL PLANS**

**A separate Section 2a must be completed for each Medical Plan.  
Please make additional copies of this page as needed.**

No Medical Plans Offered.

**MEDICAL PLAN (medical insurance, health savings accounts, etc.):**

Description of Medical Plan (Fee for service, HMO, PPO, Taft-Hartley, etc.) \_\_\_\_\_

Percentage of total employees eligible for plan \_\_\_\_\_%

Percentage of eligible employees enrolled in plan \_\_\_\_\_%

Are part-time employees eligible to participate in the plan?    Yes    No

Average percentage of premium paid by each enrolled employee \_\_\_\_\_%

Average monthly contribution paid by employer for each employee \$ \_\_\_\_\_

Can spouses and dependents obtain coverage?    Yes    No

If yes, is there an additional premium paid by employee?    Yes    No

**MEDICAL PLAN MATRIX**

Is service covered under plan?	Co-Pay/ Co-Insurance	Amount of Co-Pay/ Co-Insurance per Use	Deductible	Annual Deductible per Employee and Spouse/Dependents	Other (explain)
<b>Primary Care Provider Services</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ and/or _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$0 - \$100 <input type="checkbox"/> \$101 - \$250 <input type="checkbox"/> over \$250	
<b>Hospital Services</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ and/or _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$0 - \$100 <input type="checkbox"/> \$101 - \$250 <input type="checkbox"/> over \$250	
<b>Prescription Drug Benefit</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ and/or _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$0 - \$100 <input type="checkbox"/> \$101 - \$250 <input type="checkbox"/> over \$250	

**SECTION 2b – DENTAL PLANS**

**A separate Section 2b must be completed for each Dental Plan.  
Please make additional copies of this page as needed.**

No Dental Plans Offered.

**DENTAL PLAN (dental insurance, etc.):**

Description of Dental Plan (Fee for service, HMO, PPO, Taft-Hartley, etc.) \_\_\_\_\_

Percentage of total employees eligible for dental plan \_\_\_\_\_%

Percentage of eligible employees enrolled in dental plan \_\_\_\_\_%

Are part-time employees eligible to participate in the plan?  Yes  No

Average percentage of premium paid by each enrolled employee \_\_\_\_\_%

Average monthly rate paid by employer for each employee \$ \_\_\_\_\_

What is the annual maximum dental benefit? \$ \_\_\_\_\_ and/or  unlimited

**SECTION 3 – RETIREMENT BENEFITS**

**A separate Section 3 must be completed for each Retirement Plan.  
Please make additional copies of this page as needed.**

No Retirement Benefits Offered.

Do you offer:		Defined Benefit	Description	Percentage of employees	Maximum contribution to enrolled employees
<input type="checkbox"/> Yes <input type="checkbox"/> No		Defined Benefit	<p><b>Flat-Benefit:</b> Flat dollar amount for years of service in the Plan</p> <p><b>Career Average Benefit:</b> Uses a percentage or average of employee pay over a period of employee participation in the Plan to determine benefit</p> <p><b>Final-Pay Benefit:</b> Uses a percentage or average of employee pay at the end of employee's career to determine benefit in the Plan</p>	Eligible ____%  Enrolled ____%	<b>N/A</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		Cash Balance Pension	A cash balance plan defines the promised benefit in terms of a stated account balance. Generally, an employer will credit the participant's account with a set percentage of their yearly compensation plus interest.	Eligible ____%  Enrolled ____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No		Other	Please describe:	Eligible ____%  Enrolled ____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No		Other	Please describe:	Eligible ____%  Enrolled ____%	\$_____ and/or _____% salary

**SECTION 3 – RETIREMENT BENEFITS**  
(Continued from Pg: 5)

Do you offer:		Defined Contribution	Description	Percentage of employees	Maximum contribution to enrolled employees
<input type="checkbox"/> Yes <input type="checkbox"/> No		401(k) Plan	A section 401(k) plan is a type of deferred compensation plan in which an employee can elect to have the employer contribute a portion of his or her wages to the plan on a pre-tax basis. The name of the Plan is derived from the section of the Internal Revenue Code which established it. The employee and the employer can contribute. However, an employer contribution is not required.	Eligible ____% Enrolled ____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No		SIMPLE 401 (k) Plan	A SIMPLE 401(k) Plan is a subset of the 401(k) plan. Under a SIMPLE 401(k) plan, an employee can elect to defer some compensation. However, unlike a regular 401(k) plan, the employer must make a matching contribution or non-elective contribution.	Eligible ____% Enrolled ____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No		SEP IRA (Simplified Employee Pension Plan)	A SEP is a Simplified Employee Pension plan. Under a SEP IRA, an employer makes contributions to traditional IRAs (SEP IRAs) set up for eligible employees. A SEP is funded solely by employer contributions, subject to certain percentage-of-pay and dollar limits.	Eligible ____% Enrolled ____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No		SIMPLE (Savings Incentive Match Plan for Employees) IRA	A SIMPLE IRA plan is an IRA-based plan that gives small employers a simplified method to make contributions toward their employees' retirement and their own retirement. Under a SIMPLE IRA plan, employees may choose to make salary reduction contributions and the employer makes matching or non-elective contributions. All contributions are made directly to an Individual Retirement Account or Individual Retirement Annuity (IRA) set up for each employee (a SIMPLE IRA).	Eligible ____% Enrolled ____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No		Other	Please describe (Salary Reduction Simplified Employee Pension Plan, Profit Sharing Plan, Money Purchase Plan, etc.):	Eligible ____% Enrolled ____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No		Other	Please describe (Salary Reduction Simplified Employee Pension Plan, Profit Sharing Plan, Money Purchase Plan, etc.):	Eligible ____% Enrolled ____%	\$_____ and/or _____% salary

**SECTION 4 – ADDITIONAL QUESTIONS FOR ALUMINUM SMELTERS,  
ELECTROLYTIC PROCESSING AND GAS DISTRIBUTION**

If you are an aluminum smelter business, how many metric tons of aluminum was smelted at the manufacturing site during the report year?

\_\_\_\_\_ metric tons (MT = 2204.62 lbs).

If you are a chlor-alkali electrolytic processing business or sodium chlorate electrolytic processing business, how many tons of product was produced at the manufacturing site during the report year?

\_\_\_\_\_ tons (2000 lbs).

If you are an aluminum smelter, chlor-alkali electrolytic processing business, or sodium chlorate electrolytic processing business, what was your actual total employment at the manufacturing site for each quarter in the report year?

Q1 \_\_\_\_\_

Q2 \_\_\_\_\_

Q3 \_\_\_\_\_

Q4 \_\_\_\_\_

How many employment positions were affected or will be affected by any employment reductions that have been publicly announced during the sixty-day period preceding the date this report is submitted?

\_\_\_\_\_

If you are a gas distribution business, how many hundred cubic feet of compressed natural gas was sold as transportation fuel during the report year?

\_\_\_\_\_ (CCF = 100 cubic ft)

If you are a gas distribution business, how many million tons of liquefied natural gas was sold as transportation fuel during the report year?

\_\_\_\_\_ (MMt = 1,000,000 metric ton)

Comments:

**Who Must File**

This report is to be completed only when required as part of the 2017 Annual Tax Incentive Report.

You must file a complete Annual Tax Incentive Report for the company if you claimed a tax incentive covered by this report. If you elected to report by site, you must file a separate report for each manufacturing or business site benefiting from a tax incentive. If you claimed a tax incentive in 2017 and your site opened prior to 2017, you must file a report for 2016 and 2017.

The report is not confidential and will be disclosed to the public.

**Instructions for Completing Report – See 2017 Annual Tax Incentive Report**

For report assistance call (360) 705-6210.

To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.