



January - December 2016 Sales Tax Remittance Return

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Mail to: State of Washington
Department of Revenue
PO Box 47464
Olympia WA 98504-7464

► **Use Black Ink &
Return Original Form.**

Tax Registration Number

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Name _____
Business Name _____
Street Address _____
City, State, Zip _____

No Business Activity?

If you had no business activity and did not file by telephone, check this box, sign and mail us your return.

File by telephone: Call 1-800-647-7706. At the greeting, enter 1 at each prompt, your 9 digit tax registration number, and then follow the instructions given.

Has Your Address Changed?

Please check appropriate box(es) below and note changes on address above.

Effective date of change ____ / ____ / ____

Business Location Change

Mailing Address Change

Business Closed?

Check this box and enter date closed.

____ / ____ / ____

Other Correspondence?

You may file the Sales Tax Remittance Return if you meet the following criteria:

- Your gross business activity totaled less than \$28,000.
- You owe less than \$2,000 retail sales tax. Enter the amount of retail sales tax collected in the *Sales Tax Collected* box below.

If you do not meet the criteria above please go to dor.wa.gov to download the appropriate return for your tax classification.

If you do not know the amount of Retail Sales Tax due, take your taxable retail sales and multiply by the combined sales tax rate for your location. For sales tax rates, visit our website at dor.wa.gov and click on *Find Taxes and Rates*.

You must file your return by January 31, 2017, even if you did not have business activity.

- **9%** Penalty is Assessed After January 31, 2017
- **19%** Penalty is Assessed After February 28, 2017
- **29%** Penalty is Assessed After March 31, 2017

If the due date falls on a weekend or legal holiday, the due date is extended to the next business day.

- Make check or money order payable to the Washington State Department of Revenue.
- Please write your tax registration number on your check.

Filing an Amended Return?

Check this box and attach amended return information and a letter of explanation.

Penalty Waiver Request?

Check this box and attach your written request to this return.

Signature _____

Print Name _____

Phone Number (____) _____

Date ____ / ____ / ____

1. **Sales Tax Collected**

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2. **Penalty**, if applicable (Minimum \$5.00) _____ %

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3. **Total Amount Owed** (add lines 1 & 2)

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Instructions for Completing the Sales Tax Remittance Return

You must do one of the following steps by **January 31, 2017**:

- ▶ If you **did not have** business activity in 2016, **you must still file your return** by using one of the following options:

E-file: Use our free **E-File** service at **dor.wa.gov**.

Phone: You can use our automated system at any time by calling 1-800-647-7706. At the greeting, enter 1 at each prompt, your 9 digit tax registration number, and then follow the instructions given.

Mail: Check the “no business activity” box at the top of your return, sign and date it, and mail to the address listed on the front of this tax return.

- ▶ If you **had** business activity in 2016:

1. Determine if your gross income is less than \$28,000.
 - If you know the amount of retail sales tax collected, enter that amount in the Sales Tax Collected box, line 1.
 - If you do not know the amount of retail sales tax collected, multiply your taxable retail sales by the sales tax rate. To get a list of sales tax rates or to use the Tax Rate Lookup Tool, visit our website at dor.wa.gov and click on Find Taxes and Rates.

If it is equal to or greater than \$28,000, you can not use this form. To obtain the correct form or to file electronically, please go to our website at **dor.wa.gov** and click on Get a Form or Publication.

2. If you are filing your return after the due date, see the penalty rates located on the front of this return and multiply the penalty rate you owe by the *Sales Tax Collected*. Write this penalty amount in the *Penalty* box, line 2.

If you are requesting a penalty waiver, please check the box on the front of this return and attach your written request to this return. For more information about penalty waiver criteria, please call 1-800-334-8969 and enter code 429.

3. Add lines 1 - 2 and enter the amount in the Total Amount Owed box, line 3.
4. Make check or money order payable to the Washington State Department of Revenue.
5. Please write your tax registration number on your check.

- ▶ Keep a copy of your return for your files and mail the original form with your payment.

Electronic Filing

The simplest way to file your return is to use our free **E-file** service at **dor.wa.gov**. If you don't have a Logon ID or Password, click on “Register” and follow the instructions using the Tax Registration No. and Pre-Assigned Access Code (PAC) that is printed on the front of this return.

For tax assistance or 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.