



# Annual Report for B&O Tax Credit on New Employees

Certificate Number: \_\_\_\_\_

Annual reports are required in two consecutive years for each approved credit, see next page for additional information on due dates. Positions hired after the end of four consecutive calendar quarters are not considered for this credit, but may be included on a new application if workforce expansion of 15% or greater is anticipated during the following four quarters. Credit for a position may not be received under both this program and the software B&O Job Credit Program or the International Services Job Credit Program. This application reflects legislative changes of House Bill 1566 effective January 1, 2008.

Business Identification			
Name of Business			
Address		Name of Contact Person (all correspondence will be directed to this person)	
City	State	Zip Code	Telephone Number

Department of Revenue Account ID	_ _ _ _ - _ _ _ - _ _ _ _
Department of Employment Security Identification Number	_ _ _ _ _ _ _ _ - _ _ _

Facility Location	
<i>Please complete one application for each separate facility that is expanding positions.</i>	
Check one:	
Rural County <input type="checkbox"/>	County _____
Community Empowerment Zone <input type="checkbox"/>	Street Address _____
	City _____ State _____ Zip Code _____
*Note: If the facility is located in a CEZ, all new employees must also reside within the CEZ to qualify for this credit. Please provide the names and addresses of the employees within the CEZ on a separate page.	
Does the applicant operate in other Washington locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If reporting on credits for more than one facility, please complete an Annual Report for each facility.</i>	

More information on the B&O Tax Credit on New Employees may be found at dor.wa.gov. Please refer to RCW 82.62 or WAC 458-20-240. For assistance, please call (360) 705-6214.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Return Completed Form to:

**Taxpayer Account Administration**  
**Special Credits & Assessments**  
 PO Box 47476  
 Olympia, WA 98504-7476

To inquire about the availability of this form in an alternate format for the visually impaired, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

**Employment Information for this Facility - Base Year**

1. Enter date of first hire: \_\_\_\_\_
2. Enter Calendar Quarter for first hire date (e.g.: Q3/12): \_\_\_\_\_ (Also enter on 7a below)
3. Enter employment using total FTEs\* for the four consecutive quarters BEFORE first hire on lines 3a-3d below. (Calendar Quarter example: Q2/12, Q1/12...)

	Calendar Qtr	Total FTE's
3a	Q ___ / _____	_____
3b	Q ___ / _____	_____
3c	Q ___ / _____	_____
3d	Q ___ / _____	_____

**Example: First hire quarter - Q3/12**

	Calendar Qtr	Total FTEs
3a	Q 3 / 11	70
3b	Q 4 / 11	72
3c	Q 1 / 12	71
3d	Q 2 / 12	68
Add lines 3a - 3d		281
Divide line 4 by 4		70
Multiply by 1.15		80

4. Total all FTEs: Add lines 3a-3d \_\_\_\_\_
5. Average FTEs: Divide line 4 by 4 \_\_\_\_\_
6. 15% Target: Multiply line 5 by 1.15

This target is the minimum average for the next year to qualify for the credit.

**Employment Information for this Facility - First Year (Actual not Estimated)**

7. Calendar Qtr: Enter the first hire quarter and the four consecutive quarters AFTER first hire on lines 7a-7e.  
 New FTE Positions: Enter the **actual** number of new FTE positions by salary range.  
 Total FTEs: Enter the total number of existing plus new FTE positions.

	Calendar Qtr	# of New FTE Positions		Total FTE's
		40K or less	Over 40K	
7a	Q ___ / _____	_____	_____	_____
7b	Q ___ / _____	_____	_____	_____
7c	Q ___ / _____	_____	_____	_____
7d	Q ___ / _____	_____	_____	_____
7e	Q ___ / _____	_____	_____	_____

Do not include 7a in the Line 8 Total FTE's

8. Total all FTEs: **Add Total FTEs from lines 7b-7e** \_\_\_\_\_

9. Average FTEs: Divide line 8 by 4

This number must be greater than the target number on line 6 to qualify for the credit.

**Employment Information for this Facility - Second Year (Actual not Estimated)**

**Complete this section only if 8 full quarters have passed since date of first hire.**

10. Calendar Quarter: Enter the next four consecutive quarters AFTER quarter listed on line 7e.  
 New FTE Positions: Enter the **actual** number of new FTE positions by salary range.  
 Total FTEs: Enter the total number of existing plus new FTE positions.

	Calendar Qtr	# of New FTE Positions		Total FTE's
		40K or less	Over 40K	
10a	Q ___ / _____	_____	_____	_____
10b	Q ___ / _____	_____	_____	_____
10c	Q ___ / _____	_____	_____	_____
10d	Q ___ / _____	_____	_____	_____

**Due Dates**

The due date for the annual report is:

- If 7e or 10d has calendar quarter **Q1**, the report is due:
- If 7e or 10d has calendar quarter **Q2**, the report is due:
- If 7e or 10d has calendar quarter **Q3**, the report is due:
- If 7e or 10d has calendar quarter **Q4**, the report is due:

- April 30**
- July 31**
- October 31**
- January 31**

**Return Completed Form to:**

Taxpayer Account Administration  
 Special Credits & Assessments Team  
 PO Box 47476  
 Olympia WA 98504-7476  
 Fax (360) 705-6174