Department of Revenue
Washington State

Form 41 0077a

Washington State
Department of Revenue
Taxpayer Account Administration
Special Credits & Assessments
PO Box 47476
Olympia WA 98504-7476
360-705-6214

Rural Area Annual Report for New Employee B&O Tax Credit

Annual reports are required in two consecutive years for each approved credit. See last 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.

Reset form

Business identification

Name of business:

Address:

City: State: Zip:

Department of Revenue Account ID: - -

Department of Employment Security Identification Number: -

Facility location

Please complete one application for each separate facility that is expanding positions.

Check one: ☐ Rural county ☐ Community Empowerment Zone

County: Street address:

City: State: Zip:

**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? ☐ Yes ☐ No
If reporting on credits for more than one facility, please complete an Annual Report for each facility.

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:

To request this document in an alternate format, please complete the form dor.wa.gov/AccessibilityRequest or call 360-705-6705. Teletype (TTY) users please dial 711.

Employment information for this facility - Base year

1. Enter date of first hire:
2. Enter calendar quarter for first hire date (example: Q3/20): **(also enter on 8a below).**
3. **Calculate Full Time Equivalent positions (FTE):**
   - Add the hours during a quarter for all part time employees who worked less than 455 hours. Divide this number by 455, and add to the total of full time employees. This is the number of FTE positions. **Note:** Fractional amounts are rounded down.
4. Enter employment using total FTEs* for the four consecutive quarters BEFORE first hire on lines 4a-4d below. (Calendar Quarter example: Q2/20, Q1/20…)

	Calendar Qtr	Total FTE's
4a	Q /	
4b	Q /	
4c	Q /	
4d	Q /	

5. Total all FTEs: Add lines 4a-4d: 0
6. Average FTEs: Divide line 5 by 4: 0
7. 15% Target: Multiply line 6 by 1.15: 0
   This target is the minimum average for the next year to qualify for the credit.

Example: First hire quarter - Q3/20

	Calendar Qtr	Total FTE's
4a	Q 3 / 19	70
4b	Q 4 / 19	72
4c	Q 1 / 20	71
4d	Q 2 / 20	68
Add lines 4a-4d:		281
Divide line 5 by 4:		70
Multiply line 7 by 1.15:		80

Employment information for this facility - First year (actual not estimated)

8. Calendar Qtr: Enter the first hire quarter and the four consecutive quarters AFTER first hire on lines 8a-8e. 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.

Number of new FTE positions

	Calendar Qtr	40K or less	Over 40K	Total FTE's
8a	Q /			
8b	Q /			
8c	Q /			
8d	Q /			
8e	Q /			

9. Total all FTEs: Add Total FTEs from lines 8b-8e: 0
   Do not include 8a in the Line 9 Total FTE's.
10. Average FTEs: Divide line 9 by 4: 0

Employment information for this facility - Second year (actual not estimated)

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

11. Calendar Quarter: Enter the next four consecutive quarters AFTER quarter listed on line 8e.
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	40K or less	Over 40K	Total FTE's
11a	Q /			
11b	Q /			
11c	Q /			
11d	Q /			

Due dates

The due date for the annual report is:

If 8e or 11d has calendar quarter **Q1**, the report is due: **April 30**

If 8e or 11d has calendar quarter **Q2**, the report is due: **July 31**

If 8e or 11d has calendar quarter **Q3**, the report is due: **October 31**

If 8e or 11d has calendar quarter **Q4**, the report is due: **January 31**

Return completed form to:

Taxpayer Account Administration
Special Credits & Assessments
PO Box 47476
Olympia, WA 98504-7476
Fax: 360-705-6173

Print form