

Businesses with Seattle payroll expense of less than \$7,386,494 in the prior calendar year do not need to file or pay the payroll expense tax.  
 More information: <https://www.seattle.gov/license-and-tax-administration/business-license-tax/other-seattle-taxes/payroll-expense-tax>



**2022**

**CITY OF SEATTLE - PAYROLL EXPENSE TAX RETURN**  
 To file this form electronically please go to: [www.FileLocal-wa.gov](http://www.FileLocal-wa.gov)

Business Legal Name \_\_\_\_\_

Filing Period (Quarter/Year) \_\_\_\_\_

Customer Number or UBI-16 \_\_\_\_\_

**Method of Filing (Select One - Required)**

Primarily Assigned Method   
 Hours Method

If no selection is made, the default is the Primarily Assigned Method

The tax rates are based on the amount of the business' annual Seattle-based payroll expense in the current calendar year and the amount of annual employee compensation of at least \$158,282. There are three (3) categories to select from based on the business' total annual payroll expense. **Please only complete the applicable section.**

**Category 1: Current Year Annual Seattle Payroll Expense Less Than \$105,521,339**

Column A Annual Employee Compensation	Column B Payroll Expense Total	Column C Deduction *	Column D Taxable Amount	Column E Tax Rate	Column F Tax Due
\$158,282 - Less than \$422,085				x 0.007	
\$422,085 or more				x 0.017	

**Category 2: Current Year Annual Seattle Payroll Expense is \$105,521,339 Or More, But Less Than \$1,055,213,392**

Column A Annual Employee Compensation	Column B Payroll Expense Total	Column C Deduction *	Column D Taxable Amount	Column E Tax Rate	Column F Tax Due
\$158,282 - Less than \$422,085				x 0.007	
\$422,085 or more				x 0.019	

**Category 3: Current Year Annual Seattle Payroll Expense \$1,055,213,392 Or More**

Column A Annual Employee Compensation	Column B Payroll Expense Total	Column C Deduction *	Column D Taxable Amount	Column E Tax Rate	Column F Tax Due
\$158,282 - Less than \$422,085				x 0.014	
\$422,085 or more				x 0.024	

\*Deduction: Taxpayers that are non-profit healthcare entities may deduct from the measure of the tax the payroll expense of employees with annual compensation of \$150,000 to \$399,999.99 (does not change with inflation). See SMC 5.38.020 for definition of "non-profit healthcare entity".

Total Tax Due:	\$	.
Penalty Due: Returns must be filed and taxes paid by the due date or penalties shall apply. See back of form for rates.	\$	.
Interest Due: Returns filed after the due date will accrue interest. Contact our office for information about rates.	\$	.
<b>Total to be Paid:</b>	\$	.

Mail the **original** copy with your payment to:  
City of Seattle-LTA  
PO BOX 34214  
Seattle, WA 98124-4214

Phone: (206) 684-8484 | Fax: (206) 684-5170  
E-mail: [tax@seattle.gov](mailto:tax@seattle.gov)  
Web Site: [www.seattle.gov/license-and-tax-administration](http://www.seattle.gov/license-and-tax-administration)  
Online Reporting: [www.filelocal-wa.gov](http://www.filelocal-wa.gov)

**Changes to your business information should be requested by calling (206) 684-8484 or by emailing [tax@seattle.gov](mailto:tax@seattle.gov)**

### **How to Prepare your Payroll Expense Tax Return**

Column A: Taxable Annual Employee Compensation\*

Column B: Enter your total payroll expense for Seattle for this tax period.

Column C\*\*: If eligible, deduct the total payroll expense for employees with annual compensation of \$150,000 to \$399,999.99.\*\*\*

Column D: Subtract the amount in column C from the amount in column B and enter the result in column D

Column F: Multiply the amount in column D by the tax rate shown in Column E and enter the result in Column F.

Totals: Drop down result from Column F to Total Tax Due. If filing after the due date add applicable penalty/interest and add to Total to be Paid.

\*The payroll expense tax is on payroll expense attributable to employees whose annual compensation is \$158,282 or more in the current calendar year. This threshold amount may change with inflation based on the CPI-U Index each year.

\*\*The non-profit healthcare entities deduction is only allowable from Jan.1, 2021 through Dec.31, 2023.

\*\*\*The Deduction threshold of \$150,000-\$399,999.99 **does not** increase with inflation based on the CPI-U each year

### **Online Reporting**

This form can be filed online at [www.filelocal-wa.gov](http://www.filelocal-wa.gov). There is a fee to file electronically.

### **Report by Mail**

Make check payable to **City of Seattle**. Payments must be sent with the tax return when tax is due. Forms received without payment will not be considered "received" if taxes are owed. Late penalties and interest shall apply if either the form or check are postmarked after the due date.

### **Late Penalties**

A form with any tax due must be received by the due date to avoid late penalty. If received after the due date penalty shall apply as follows:

Nine percent (9%) of the tax due if postmarked after the due date; or

Nineteen percent (19%) of the tax due if postmarked after the last day of the month following the due date; or

Twenty-nine percent (29%) of the tax due if postmarked after the last day of the second month following the due date.

### **Questions?**

If you have any questions, please email [tax@seattle.gov](mailto:tax@seattle.gov) or contact us by phone at 206-684-8484. Please have your customer number ready when you call, or include it in your email to us.

For more information about this tax, visit: [www.seattle.gov/license-and-tax-administration/business-license-tax/other-seattle-taxes/payroll-expense-tax](http://www.seattle.gov/license-and-tax-administration/business-license-tax/other-seattle-taxes/payroll-expense-tax)

If this business is no longer operating because it was closed, if it was sold, its legal entity changed, or it discontinued this activity, please provide this info:

Reason: \_\_\_\_\_

Effective Date: \_\_\_\_\_

New Owner (if applicable): \_\_\_\_\_

New Owner address: \_\_\_\_\_

Per SMC 5.55.040B - A signature is required on this return. The undersigned swears or affirms that all information in this return is true and complete.

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

Printed Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email : \_\_\_\_\_