

2023

CITY OF SEATTLE - PAYROLL EXPENSE TAX RETURN

To file this form electronically please go to: www.FileLocal-wa.gov

1011	le this form electronically	please go to: www.	FileLocal-wa.gov		
Business Legal Name				Filing Period	d (Quarter/Year)
Customer Number or UBI-16				iling (Select C rily Assigned M Hours M	
		If no selection	on is made, the default is t		
The tax rates are based on the amount of annual employee compensation of at lease expense. Please only complete the appliance.	st \$174,337. There are threicable section.	ree (3) tiers to select		•	
Tier 1: Current Year Annual Seattle Payr			Column D	T Column E	Column E
<u>Column A</u> Annual Employee Compensation	Column B Payroll Expense Total	Column C Deduction *	<u>Column D</u> Taxable Amount	Column E Tax Rate	<u>Column F</u> Tax Due
\$174,337 - Less than \$464,900	T dyron Expondo Total	Doduotion	Taxable / titloutt	x 0.007	TUN DUO
\$464,900 or more				x 0.017	
Tier 2: Current Year Annual Seattle Payr Column A Annual Employee Compensation	coll Expense is \$116,224,9 Column B Payroll Expense Total	238 Or More, But Les Column C Deduction *	s Than \$1,162,249,382 Column D Taxable Amount	Column E Tax Rate	Column F Tax Due
\$174,337 - Less than \$464,900				x 0.007	
\$464,900 or more				x 0.019	
Tier 3: Current Year Annual Seattle Payr	oll Expense \$1,162,249,38	82 Or More			
Column A	Column B	Column C	Column D	Column E	Column F
Annual Employee Compensation	Payroll Expense Total	Deduction *	Taxable Amount	Tax Rate	Tax Due
\$174,337 - Less than \$464,900				x 0.014	
\$464,900 or more				x 0.024	
*Deduction: Taxpayers that are non-profit to compensation of \$150,000 to \$399,999.99	•				
Total Tax Due:				\$	
	es paid by the due date or pen			\$	
Interest Due: Returns filed after the due da	te will accrue interest. Contact	our office for information		\$ D-:-!-	•
			Total to be	Paid: \$	

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
Web Site:www.seattle.gov/licenses
Online Reporting: www.filelocal-wa.gov

Changes to your business information should be requested by calling (206) 684-8484 or by emailing 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 \$174,337 or more in the current calendar year. This threshold amount may change with inflation based on the CPI-U Index each year.

Online Reporting

This form can be filed online at 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 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.

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:	İ			
Effective Date:				
New Owner (if applicable):				
New Owner address:				
	l			

Per SMC 5.55.040B - A signature is required on this return. The undersigne				
swears or affirms that all information in this return is true and complete.				
Signature:	Date:			
Printed Name:				
Contact Phone:				
Email :				

^{**}The non-profit healthcare entities deduction is only allowable from Jan.1, 2021 through Dec.31, 2026.

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