

AMENDED Quarterly Payroll Tax Report



South Metro Area Regional Transit District

Business Name				Customer # or Business License # (required)		
Trade Name (DBA)				EIN (Employer Identification Number)		
Address				Business Type		
City Sta	zate Zip		Phone			
		·				
☐ 1st Quarter	☐ 2nd Quar	ter	☐ 3rd Quarter		☐ 4th Quarter	
Year	Year	_	Year		Year	
Original Amount as Reported Corrected Amount Difference						nce
1. Subject Wages						
2. Tax - line 1 x 0.0050						
3. Prepaid						
4. Total Tax Due						
Reason For Amendment						
<u> </u>						
Sign here. You MUST complete all information on this form and SIGN it. Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete.						
Print Name		Print Title			Date	
Signature		Federal ID Number			Phone	
Paid Preparer Use Only						
Preparer's name		Firm's Name (or yours if self-employed)		employed)	Date	
Preparer's signature		PTIN		EIN	Phone	
Address		City			State	Zip

For questions please contact: Amanda Bryant

29799 SW Town Center Loop E. Wilsonville, OR 97070

Phone: (503) 570-1518

Email: TransitTax@ci.wilsonville.or.us

Fax: (503) 682-1015

Make checks payable to: City of Wilsonville

Mail Return To:

City of Wilsonville Transit Tax Department 29799 SW Town Center Loop E. Wilsonville, OR 97070