



CAT

Canby Area Transit

QUARTERLY PAYROLL TAX RETURN
TAX YEAR: 20__

BUSINESS NAME
CONTACT PERSON (Please print)
EMAIL

TRANSIT TAX ACCOUNT NUMBER
FEDERAL ID# OR SSN

MAILING ADDRESS (Please check if new)

QUARTER	DATE DUE
1 ST	April 30
2 ND	July 31
3 RD	October 31
4 TH	January 31

1. Total gross wages paid	
2. Tax Rate006
3. Tax due (multiply #1 by #2)	
4. Penalty #1	
5. Penalty #2	
6. Interest	
7. Total amount due (add lines 3 - 6)	

Sign Here	Date	Daytime Telephone
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THIS RETURN IS TRUE AND CORRECT AND IS FILED UNDER PENALTY OF FALSE SWEARING

CITY USE ONLY

DATE RECEIVED	CHECK NUMBER
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Mail to: CANBY AREA TRANSIT
PO BOX 930
CANBY OR 97013
transitpayrolltax@canbyoregon.gov
Phone: 503-266-0687 Fax: 503-266-1799