



# CAT

## Canby Area Transit

### ANNUAL SELF EMPLOYMENT TAX 20\_\_

TAXPAYER NAME (Last, first)
BUSINESS OR PARTNERSHIP NAME

TRANSIT TAX ACCOUNT NUMBER
FEDERAL TAX ID#

MAILING ADDRESS (Please check if new)

**DUE DATE: APRIL 15 :**

If a Federal extension is being filed, an estimated return and payment must also be filed with CAT. If this is an estimated return, check here

If this is an amended return of a previously estimated or incorrect filing, check here:

1. Total net earnings from self-employment\*  
(Amount from Federal Schedule SE or Partnership Form 1065. If earnings are from multiple districts, include only the earnings apportioned to the CAT district. Refer to the apportionment worksheet for more information.) . . . . .
2. Less exclusion (not more than \$400 per taxpayer) . . . . .
3. Taxable earnings. . . . .
4. Tax Rate . . . . .
5. Tax due (multiply #3 by #4) . . . . .
6. Penalty #1 (10% if past due by 30 days or less) . . . . .
7. Penalty #2 (additional 15% if past due by more than 30 days). . . . .
8. Interest (1.5% of tax due per month to date of remittance). . . . .
9. Total amount due (add lines 5 - 8) . . . . .

.006

*\*For work performed within the Canby Urban Growth Boundary*

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

CITY USE ONLY	
DATE RECEIVED	CHECK NUMBER

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