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CITY OF CANBY TRANSIT TAX REGISTRATION FORM FOR BUSINESSES EXEMPT FROM THE CITY BUSINESS LICENSE PROCESS

Transit Account No. _____

Business Name _____ DBA- Doing Business As _____

Business Street Address (no PO Box) _____ City _____ State _____ Zip _____

Business Mailing Address (if different than above) _____ City _____ State _____ Zip _____

Business Phone _____ Email Address _____ Type of Business _____

Owner/Manager Name _____ Owner/Manager Phone _____ Owner/Manager Email _____

Accounting/Payroll Contact Name _____ Accounting/Payroll Phone _____ Accounting/Payroll Email _____

Please check the following statement that applies to your business:

I have employees and receive non-payroll income from the profits of my business (report a profit/loss on IRS Schedule C). (Quarterly payroll and annual self-employment returns are applicable.)

Number of FTE (full-time equivalent): _____

I have employees (myself included). (Quarterly payroll returns are applicable.)

Number of FTE (full-time equivalent): _____

I have no payroll but receive income from the profits of my business (report a profit/loss on IRS Schedule C.) (Annual self-employment returns are applicable.)

All wages and self-employment income earned within the Canby Urban Growth Boundary are subject to Canby Area Transit tax. Tax return forms will be sent quarterly and/or annually as applicable and must be filed for wages/earnings in the Canby Transit District. If there are no wages/earnings in a reporting period a zero return must still be filled.

Payroll service companies may file their own tax form as long as it is equivalent to the City's form. Once a payroll service reports using their own form the City will no longer mail out the tax forms.

The information provided on this form is true and complete to the best of my knowledge. I agree to comply with all ordinances of the City of Canby related to the filing of Canby Area Transit Tax.

Applicant's Signature _____

Title _____

Federal Tax ID Number/EIN Number _____

Date _____