



# CAT

Canby Area Transit

**QUARTERLY PAYROLL TAX RETURN**  
**TAX YEAR: 20\_\_**

<b>BUSINESS NAME</b>
<b>CONTACT PERSON (Please print)</b>
<b>EMAIL</b>

<b>TRANSIT TAX ACCOUNT NUMBER</b>
<b>FEDERAL ID# OR SSN</b>

<b>MAILING ADDRESS (Please check if new)</b>

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

1. **Total gross wages paid** .....
2. **Tax Rate** .....
3. **Tax due (multiply #1 by #2)** .....
4. **Penalty #1 (10% if past due by 30 days or less)** .....
5. **Penalty #2 (additional 15% if past due by more than 30 days).** . .
6. **Interest (1.5% of tax due per month to date of remittance)** . . . .
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**