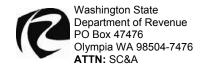


Employment Security Department PO Box 9046, Olympia, WA 98507-9046 ATTN: ECDD/Labor Exchange Coordinator

Business and Occupation (B&O) Tax Credit Application for Employee Training



This application is for a B&O Tax Credit for training provided under RCW 82.04.4333 for approved projects under RCW 82.60 for manufacturing, research and development and computer service businesses located in designated distressed areas. If you have questions, please contact Employment Security at (360) 486-5942.

Business Name:		2. Phone	Number:			
3. Address: Construction Street						
	ty		Si	tate	Zip	
4. Unified Business Identifier (UBI):						
5. Tax Deferral Number:						
6. Nature of your business activity:						
7. Name of training provider:	ccredited i	institution if t	raining provid	ler is the	emplover)	
3. Is the training provided to the employees free of charge?	_				7,	
Proposed cost of training: \$						
0. Number of employees to attend training:						
1. Briefly describe the proposed job training. (If additional space is	needed, p	olease attach	additional p	pages.)		
12. Briefly describe how training will enhance the employee's perf pages.)			·	needed,	, please attach	additio
			·	needed,	, please attach	additio
pages.)			·	needed,	, please attach	additioi
pages.) The employer certifies that the statements and answers provided he	re are tru		·	needed,	, please attach	additio
pages.) The employer certifies that the statements and answers provided he Name (please print)	re are tru Title Date	ne and corre	ect:			
pages.) The employer certifies that the statements and answers provided he Name (please print) Signature	re are tru Title Date	ne and corre	ect:			
The employer certifies that the statements and answers provided he Name (please print) Signature If you have been approved, you will receive a B&O Tax Employed Combined Excise Tax Return when you claim the credit.	re are tru Title Date Dyee Trai	ning Credi	ect:	Attach	the affidavit	
pages.) The employer certifies that the statements and answers provided he Name (please print) Signature If you have been approved, you will receive a B&O Tax Emplo	Title Date Dyee Trai For Depa	ning Credit	ect: Affidavit.	Attach	the affidavit	
The employer certifies that the statements and answers provided he Name (please print) Signature If you have been approved, you will receive a B&O Tax Employed Combined Excise Tax Return when you claim the credit. For Employment Security Department Official Use Only Total Approved Training Cost: \$	Title Date Dyee Trai For Depa	ning Credit	ect:	Attach	the affidavit	_
The employer certifies that the statements and answers provided he Name (please print) Signature If you have been approved, you will receive a B&O Tax Employer Combined Excise Tax Return when you claim the credit. For Employment Security Department Official Use Only Total Approved Training Cost:	Title Date Dyee Trai For Depa Official U	ning Credit	t Affidavit.	Attach Account A	the affidavit	to your
The employer certifies that the statements and answers provided he Name (please print) Signature If you have been approved, you will receive a B&O Tax Employed Combined Excise Tax Return when you claim the credit. For Employment Security Department Official Use Only Approved Disapproved – Reason:	Title Date Dyee Trai For Depa Official U	ning Credit	ect: Affidavit.	Attach Account A	the affidavit	to your

For tax assistance or to request this document in an alternate format, visit http://dor.wa.gov or call 1-800-647-7706. Teletype (TTY) users may call (360) 705-6718.