AMENDED Quarterly Payroll Tax Report

South Metro Area Regional Transit District

Business Name			Customer # or Business License # (required)
Trade Name (DBA)			EIN (Employer Identification Number)
Address			Business Type
City	State	Zip	Phone

☐ 1st Quarter	☐ 2nd Quarter	☐ 3rd Quarter	☐ 4th Quarter
Year _____	Year _____	Year _____	Year _____

	Original Amount as Reported	Corrected Amount	Difference
1. **Subject Wages**			
2. Tax – line 1 x 0.0050			
3. Prepaid			
4. Total Tax Due			
Reason For Amendment			

Sign here. You MUST complete all information on this form and SIGN it.
Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete.

Print Name	Print Title	Date
Signature	Federal ID Number	Phone

Paid Preparer Use Only

Preparer's name	Firm's Name (or yours if self-employed)	Date
Preparer's signature	PTIN EIN	Phone
Address	City	State Zip

For questions contact:

Phone: (503) 570-1518

Email: transittax@wilsonvilleoregon.gov

Make checks payable to: **City of Wilsonville**

Mail Return To:
City of Wilsonville
Transit Tax Department
29799 SW Town Center LP E
Wilsonville, OR 97070