



11930 Cyrus Way, Mukilteo, WA 98275, 425-263-8035

FTE - BUSINESS LICENSE QUARTERLY REPORT

For Upcoming Quarter → (circle one) **JAN-MAR,** **APR-JUN,** **JUL-SEP,** **OCT-DEC**
 Date Due: **Jan.31st** **Apr. 30th** **July 31st** **Oct. 31st**

NAME: _____

MAILING ADDRESS: _____

CITY/ST/ZIP: _____

Full Time Equivalent (FTE) Fee Calculation:

- 1. Total number of estimated hours to be worked by employees during the above period _____
- 2. Quarterly rate per FTE _____ **\$.0228** (Yr 2009 rate)
- 3. FEE (Line 1 x Line 2) _____
- 4. Penalty (see below) _____
- 5. Prior Period Adjustment (attach explanation) _____
- 6. TOTAL DUE (add lines 3 through 5)** _____

I hereby certify that the statements and information furnished by me on this report are true and complete, to the best of my knowledge.

Owner/Representative _____
Date

LATE PENALTY: All fees are subject to a delinquency charge of **10% of the license fee for each month or part thereof** between the time such fees are submitted and the date on which they were due. (MMC 5.04.090)

===== *FOR OFFICE USE ONLY* =====

Date _____ *Amount Paid* _____ *BID #* _____
LIC # _____