



Employers operating in the City of Tukwila which meet criteria in Tukwila Municipal Code (TMC) 5.63 must annually certify compliance by submitting this form to the City by January 31st for the prior calendar year. Employers that are required to certify compliance with TMC Chapter 5.63 who fail to timely file this Certificate of Compliance are subject to the enforcement provisions set forth in TMC 5.63.090. For links to TMC Chapter 5.63 and the applicable Tukwila Labor Standards Rules, go to www.TukwilaWa.gov/MinimumWage.

Block print or type in black or blue ink

EMPLOYER INFORMATION

Federal Taxpayer Identification Number (“TIN”) (if applicable): _____

Washington State Unified Business Identifier (“UBI”) number: _____

Employer’s name (provide the legal name of the entity; if the employer is a sole proprietor or partnership, provide the owner’s name(s): _____

Employer’s DBA (“doing business as” or “also known as” an assumed name), if applicable:

Employer’s primary Tukwila address, if applicable (must be a physical street address, no P.O. boxes):

Employer’s mailing address:

Contact information for the employer’s authorized representative who is signing this Certificate:

Name: _____ Title: _____

Phone number: _____ Email: _____

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Employer's classification – check all that apply (see TMC 5.63.060 and the Tukwila Labor Standards for classifications and definitions):

- Large employer based on employer size (more than 500 employees worldwide)
- Large employer based on franchisee status (franchisees associated with a franchisor or a network of franchises with franchisees that employ more than 500 employees in aggregate)
- Midsize employer (at least 15 but no more than 500 employees worldwide **OR** over \$2 million in annual gross revenue generated from sales made, services performed, and other business that occurs in the City of Tukwila)
- Small employer (0-14 employees worldwide **AND** \$2 million or less in gross revenue generated from sales made, services performed, and other business that occurs in the City of Tukwila)

EMPLOYER CERTIFICATION

As the authorized representative of the Employer whose name is set forth on Page 1 of this City of Tukwila, Washington Certificate of Compliance with Tukwila Municipal Code Chapter 5.63 Concerning Labor Standards for Certain Employees, I hereby certify that this form is accurate and complete, that I have read and understand TMC Chapter 5.63 and the Tukwila Labor Standards, and that the Employer named above is in full compliance with TMC Chapter 5.63 and with the Tukwila Labor Standards for calendar year _____.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Signed on the _____ day of _____ (date)(month)(year)

at _____ (city or other location, and state or country)

(printed name)

(signature)

Return the original of this form to City of Tukwila Finance Department, 6200 Southcenter Blvd., Tukwila, WA 98188.

If you have any questions, email MinimumWage@TukwilaWa.gov