

Washington Paid Family & Medical Leave Tax Authorization

Employer Name _____

This form will assist us with determining how to set up your Washington Paid Family and Medical Leave (WAPFML) tax on your payroll account. Effective on January 1st, 2019 this tax is calculated at 0.4% of employee wages up to the Social Security limit and is collected at .002533 from the employee and .001467 from the employer; however, if you have less than 50 Washington employees then you are not required to pay the employer portion. For more information, please visit <https://esd.wa.gov/paid-family-medical-leave>.

1. Are you exempt from this tax? Yes (Skip #2 and #3 if so)
 - As an example, employers with qualifying voluntary family leave programs are exempt from this tax. Please view visit here for more information: <https://esd.wa.gov/paid-family-medical-leave/employers>

2. Are you a large or small employer?
 - Large (50+ employees)
 - Small

3. If you are covering some or all of the employee's premium, please specify what percentage of the premium you will cover below:

_____ %

Employer Representative Name & Title _____

Signature _____

Date _____