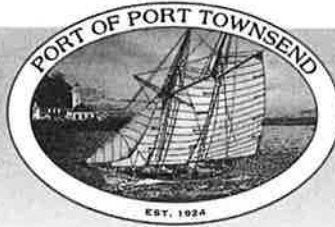


2701 Jefferson Street
P.O. Box 1180
Port Townsend, WA 98368



360-385-0656
fax:360-385-3988
info@portofpt.com

www.portofpt.com

ELECTRONIC DEBIT – Kitsap Bank

We, the undersigned, as Commissioners and Auditing Officer of the Port of Port Townsend, in Jefferson County, Washington, do hereby certify under penalty of perjury that the obligation described below is a just and unpaid obligation of the Port of Port Townsend, and that the Electronic Debit from the Port Checking Account held at Kitsap Bank is approved for payment in the amount of **\$37,457.72 is ratified.**

Signed and Authenticated on this **24th** day of **October, 2023.**

For: Washington State Department of Labor & Industries
2nd Quarter Tax Return for July - September, 2023 in the amount of
\$37,457.72

Commissioner Pam Petranek

Commissioner Carol Hasse

Commissioner Pete W. Hanke

S. Abigail Berg, Director of Finance
And Administration



Submit Date: 10/6/2023
Confirmation Number: 9951292

Quarterly Report

3rd Quarter: July 1, 2023 – September 30, 2023

Due Date: 10/31/2023

PORT OF PORT TOWNSEND
 PO BOX 1180
 PORT TOWNSEND, WA 98368

WA UBI: 161 000 044
L&I Account ID: 061,069-00
Phone Number: 360-385-2355 Ext. 0

Account Manager: CHARLEY GREGORY 360-902-4685

Volunteer Reporting

Class Code	Nature of Work	Number Of Volunteers
6901-00	Volunteers-Excl Law Enf Offcrs	1

Worker Reporting

Class Code	Nature of Work	Gross Payroll (nearest \$)	Worker Hours (or units)	Rate Per Hour	Amount Owed
4201-02	Port Districts Incl Salesmen	\$507,273.00	13,505	2.6798	\$36,190.70
5306-07	Counties/Tax Dist Adm/CI Offc	\$293,967.00	4,343	0.2846	\$1,236.02
6901-00	Volunteers-Excl Law Enf Offcrs	\$0.00	295	0.1051	\$31.00
				Total of Premiums	\$37,457.72
				Grand Total	\$37,457.72

Preparer's Information

Preparer: Donna Frary
 DayTime Phone: 360-379-5217
 Email: donna@portofpt.com

Payment Information

Method of Payment: eCheck
 Bank routing information: 125102906
 Bank account information: XXXXXXXXXXXX5811
 Bank account Type: BusinessChecking
 Payment Amount: \$37457.72
 Scheduled Payment Date: 10/6/2023

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Port Townsend, WA 98368



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ELECTRONIC DEBIT – Kitsap Bank

We, the undersigned, as Commissioners and Auditing Officer of the Port of Port Townsend, in Jefferson County, Washington, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein and that the claim is a just, due and unpaid obligation of the Port of Port Townsend, that we are authorized to authenticate and certify said claim, and that the Electronic Debit from the Port Checking Account held at Kitsap Bank is approved for payment in the amount of **\$4,701.96 is ratified.**

Signed and Authenticated on this 24th day of October, 2023.

For: Washington State, Employment Security Department for
WA State Paid Family Medical Leave – for Qtr 3, 2023 in the amount of
\$4,701.96

Commissioner Pam Petranek

Commissioner Carol Hasse

Commissioner Pete W. Hanke

S. Abigail Berg, Director of Finance
And Administration



Paid Family & Medical Leave

Payment Review

Address

Billing Address:

Port of Port Townsend
 PO Box 1180
 Port Townsend, WA 98368
 (360) 379-5217
 donna@portofpt.com

Payment Method

Business Check
 Checking
 x5811
 125102906

Payment Amount

Amount: 4701.96 USD

Total: 4701.96 USD

Today, being 10/6/2023, by entering the Company's routing and account number above and clicking "Pay Now," as an authorized Company representative, I authorize the payment in the amount indicated above to be processed as an electronic funds transfer (EFT) or draft drawn from the Company's checking or savings account as indicated above and, if necessary, electronic credits to the Company's account to correct erroneous debits. I understand that the processing of the payment will be completed within 1-3 banking days. If the payment returns unpaid, I authorize you or your service provider to collect the payment and the state return item fee and, if applicable, costs, based on the Company's locale that I have provided above by EFT(s) or draft(s) drawn from the Company account. I understand that this authorization will remain in full force and effect until I notify you that I wish to revoke it and allow you reasonable opportunity to act on my notice.

I accept these terms, acknowledge these disclosures and authorize this payment on behalf of Company and further agree, on Company's behalf, that Company shall be bound by the NACHA Rules in effect, both now and as amended from time to time. PLEASE PRINT A COPY OF THIS PAGE FOR YOUR RECORDS.

[Back](#) [Pay Now](#) [Exit](#)

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Port Townsend, WA 98368



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ELECTRONIC DEBIT – Kitsap Bank

We, the undersigned, as Commissioners and Auditing Officer of the Port of Port Townsend, in Jefferson County, Washington, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein and that the claim is a just, due and unpaid obligation of the Port of Port Townsend, that we are authorized to authenticate and certify said claim, and that the Electronic Debit from the Port Checking Account held at Kitsap Bank is approved for payment in the amount of **\$4,385.71 is ratified.**

Signed and Authenticated on this **24th** day of **October**, **2023**.

For: Washington State, Employment Security Department for
WA Cares – for Qtr 3, 2023 in the amount of **\$4,385.71**

Commissioner Pam Petranek

Commissioner Carol Hasse

Commissioner Pete W. Hanke

S. Abigail Berg, Director of Finance
And Administration

Donna Frary

From: Employment Security Department <donotreply@billerpayments.com>
Sent: Monday, October 9, 2023 8:21 AM
To: Donna Frary
Subject: Employment Security Department WA Cares Payment Scheduled

Dear DONNA FRARY,

This email is about your Leave and Care Division account:: XXXX0044.

Thank you for scheduling your WA Cares premium payment using Online Payment Processing. Your payment details are below:

Payment Amount: \$4,385.71

Scheduled Payment Date: 10/09/2023

Account Number Ending: XXXX5811.

Payment Type: Checking.

Confirmation Number: IN231905HK.

About This Message

This email was sent to DONNA@PORTOFPT.COM. This email was sent to confirm the activity described above regarding your WA Cares premium payment.

Do not reply to this message.

If you have any questions, call us Monday through Friday between 8:30 a.m. and 4:30 p.m. at 833-717-2273.

Employment Security Department Leave and Care Division PO Box 19020 Olympia, WA 98507

2701 Jefferson Street
P.O. Box 1180
Port Townsend, WA 98368



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ELECTRONIC DEBIT – Kitsap Bank

We, the undersigned, as Commissioners and Auditing Officer of the Port of Port Townsend, in Jefferson County, Washington, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein and that the claim is a just, due and unpaid obligation of the Port of Port Townsend, that we are authorized to authenticate and certify said claim, and that the Electronic Debit from the Port Checking Account held at Kitsap Bank is approved for payment in the amount of **\$13,454.19 is ratified.**

Signed and Authenticated on this **24th** day of **October**, 2023.

For: Washington State, Department of Revenue
Combined Excise Tax Return – for ***September, 2023*** in the amount of
\$13,454.19

Commissioner Pam Petranek

Commissioner Carol Hasse

Commissioner Pete W. Hanke

S. Abigail Berg, Director of Finance
and Administration

Washington State Department of Revenue

Your Return has been submitted and your confirmation number is **0-035-891-564**

Below is information from your Monthly Return for the period ending September 30, 2023

Filing Date	October 9, 2023
Account ID	161-000-044
Primary Name	BOAT HAVEN FUEL DOCK
Payment Method	Bank Account (ACH Debit)
Payment Effective	October 23, 2023
Total Tax	13,454.19
Total Due	13,454.19



Combined Excise Tax Return

161-000-044
BOAT HAVEN FUEL DOCK
PORT OF PORT TOWNSEND

Filing Period: September 30, 2023 **Due Date:** October 25, 2023
Filing Frequency: Monthly

Business & Occupation

Tax Classification	Gross Amount	Deductions	Taxable Amount	Tax Rate	Tax Due
Retailing	107,505.48	0.00	107,505.48	0.004710	506.35
Service and Other Activities (\$1 million or greater in prior year)	118,565.71	0.00	118,565.71	0.017500	2,074.90
Total Business & Occupation					2,581.25

State Sales and Use

Tax Classification	Gross Amount	Deductions	Taxable Amount	Tax Rate	Tax Due
Retail Sales	107,505.48	0.00	107,505.48	0.065000	6,987.86
Total State Sales and Use					6,987.86

Public Utility Tax

Tax Classification	Gross Amount	Deductions	Taxable Amount	Tax Rate	Tax Due
Other Public Service Business	8,295.97	0.00	8,295.97	0.019260	159.78
Water Distribution	694.04	0.00	694.04	0.050290	34.90
Total Public Utility Tax					194.68

Deductions

Tax Classification	Deduction	Amount
Business & Occupation		
Retailing	Motor Vehicle Fuel Tax	0.00
State Sales and Use		
Retail Sales	Motor Vehicle Fuel Sales	0.00

Local City and/or County Sales Tax

Location	Taxable Amount	Tax Rate	Tax Due
1601 - PORT TOWNSEND	107,505.48	0.026000	2,795.14
Total Local City and/or County Sales Tax			2,795.14

Transient Rental Income

Location		Income
1601 - PORT TOWNSEND		44,762.83
	Total Transient Rental Income	44,762.83

Special Hotel/Motel

Location	Taxable Amount	Tax Rate	Tax Due
1601 - PORT TOWNSEND	44,762.83	0.020000	895.26
	Total Special Hotel/Motel		895.26

Total Tax	13,454.19
Subtotal	13,454.19
Total Amount Owed	13,454.19

Prepared By:	Donna Frary
E-Mail Address:	donna@portofpt.com
Submitted Date:	10/9/2023
Confirmation #:	0-035-891-564
Payment Type:	Bank Account (ACH Debit)
Amount:	\$13,454.19
Effective Date:	10/23/2023