DOH 422-092/CHS 257 (REV 08/01/2012)


## Add Additional lines as needed

Notes:
Please refer to IRS Form 990 and Schedule J for definitions of types of compensation
Form 990 Schedule J
http://www.irs.gov/pub/irs-pdf/i990sj.pdf
 lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address
Washington State Department of Health
Center for Health Statistics/Hospital and Patient Data Section
MS: 47814
Olympia, WA 98504-7814
Fax: (360) 753-4135
email: hos@doh.wa.gov

