

Acct Number:	QC #:	Year AV: _____	Future Status:	Processed By:	Date:
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King County Department of Assessments 500 4th Avenue, Room 736 Seattle, WA 98104-2384
Phone: (206) 296-5126 Fax: (206) 296-0107 Email: personal.property@kingcounty.gov

KING COUNTY DEPARTMENT OF ASSESSMENTS ADVANCE TAX REQUEST FORM

Please provide the information requested on this form in the spaces below. A separate form should be completed for each account for which a tax statement is required. Attach the appropriate bill of sale showing breakdown of sales price (i.e., equipment, inventory, intangibles, etc.) with related dollar values. If you have questions, please call (206) 296-5126.

REQUESTOR INFORMATION			
Company Name:	Attention:		
Mailing Address:	City:	State:	Zip:
Telephone: ()	Fax: ()	Email:	

PERSONAL PROPERTY (EXISTING BUSINESS) INFORMATION			
Account Number:	Business Name:	Owner Name:	
Mailing Address:	City:	State:	Zip:
Location Address:	City:	State:	Zip:

NEW INFORMATION				
Reason for Request:				
<input type="checkbox"/> Bankruptcy <input type="checkbox"/> Auction <input type="checkbox"/> Closing Business (Please Provide Forwarding Address) <input type="checkbox"/> Sale of Business (Please Provide New Owner Information)				
<input type="checkbox"/> Other (Please Provide Explanation): _____				
Closing Date:	New Business Name:	New Owner Name:		
Telephone: ()	UBI Number:	Legal Entity: .		
New Mailing Address:	City:	State:	Zip:	
New Location Address:	City:	State:	Zip:	
Total Sales Price \$	Equipment \$	Leasehold Imp \$	Intangibles \$	Other \$