

KITSAP COUNTY 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 an advance tax statement is required. Completed requests should be mailed to the Kitsap County Treasurer, 614 Division St MS-32, Port Orchard, WA 98366. Telephone # 360-337-4936 Fax # 360-337-4635

REQUESTER INFORMATION

| | | | |
|------------------|------------|--------|-----------|
| COMPANY NAME: | TELEPHONE: | FAX: | |
| MAILING ADDRESS: | CITY: | STATE: | ZIP CODE: |

PERSONAL PROPERTY INFORMATION

| | | | |
|-------------------|---------------|--------|-----------|
| ACCOUNT NUMBER: | MAILING NAME: | | |
| MAILING ADDRESS: | CITY: | STATE: | ZIP CODE: |
| LOCATION NAME: | TELEPHONE : | | FAX: |
| LOCATION ADDRESS: | CITY: | STATE: | ZIP CODE: |

NEW OWNER & ADVANCE TAX REQUEST INFORMATION

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|---|--------------------------------------|--------|-----------|
| ADVANCE TAX REQUESTED AS A RESULT OF: <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> AUCTION <input type="checkbox"/> CLOSING BUSINESS <input type="checkbox"/> SALE OF BUSINESS (Please provide new owner information below) <input type="checkbox"/> OTHER (Please provide a brief explanation) _____ | | | |
| NEW OWNERS NAME: | TELEPHONE : | UBI # | |
| MAILING ADDRESS: | CITY: | STATE: | ZIP CODE: |
| Attach appropriate bill of sale showing breakdown of sales price (i.e., equipment, machinery, furniture & fixtures, etc.) with related dollar values. | | | |
| CLOSING DATE: | SALE PRICE (LESS INTANGIBLES) : \$ | | |
| THIS INFORMATION IS CONFIDENTIAL AND NOT FOR RELEASE TO THE PUBLIC, PER RCW 42.17.310 | | | |