

2005 Annual Report for Aerospace, Aluminum, Electrolytic Processing, Solar Energy Systems Manufacturers, and Semiconductor Cluster Companies

(To be used only when required by 2006 Annual Report)

Department of Revenue Tax Registration Number _____ - _____ - _____			
Name of Business as Registered		Contact Person	
Mailing Address – Street	City	State	Zip Code
Phone No. ()			
UBI Number used with Department of Employment Security (if this number differs from DOR Tax Registration Number) _____ - _____ - _____	Total number of employees statewide (as reported to Employment Security) on December 31, 2005		
Employment Security Reference Number(s)	Location of manufacturing site covered by this report Street address _____ City _____, WA		
Tax Adjustments taken (check the boxes that apply): <input type="checkbox"/> Aerospace industry tax incentives <input type="checkbox"/> Aluminum smelter tax incentives <input type="checkbox"/> Electrolytic processing industry tax incentive <input type="checkbox"/> Solar energy systems manufacturers <input type="checkbox"/> Semiconductor cluster incentives	Percentage of activities at this manufacturing site supported by tax adjustments _____%		

You must file this report with the Department of Revenue by March 31, 2007 unless you are taking the semiconductor cluster adjustment. Semiconductor companies must file this report by April 30, 2007.

This form is to be used only for the Aerospace, Aluminum Smelter, Electrolytic Processing, Solar Energy, and Semiconductor Cluster incentives by businesses who are also filing a 2006 annual Report for the first time.

You must submit a separate report for each manufacturing site benefiting from a tax incentive. If you are taking the tax incentives covered by this report for the first time you must submit two annual reports, one covering calendar year 2006 and one covering calendar year 2005. The report is not confidential and is subject to public disclosure.

You are required to make a good faith effort to substantially respond to all report questions. If a question does not apply to your business, answer the question using zero (0). Please do not use "various" or "please contact for further information" to respond to questions.

MANUFACTURING SITES

How many manufacturing sites do you have within this state that was supported by tax incentives during this calendar year? _____

MANUFACTURING SITES DETAILS

Description

Address1 _____

Address2 _____

City _____

State _____

Zip Code _____

Contact Person _____

Phone _____

FAX _____

E-mail _____

Date of first business activity _____

Date of last business activity _____

Reason for end of business activity at this site

Moved Sold Closed

Description of New Site

New site - Address1 _____

New site - Address2 _____

New site - City _____

New site - State _____

New site - Zip Code _____

If end of business is due to purchase or merger with another company, please enter:

New - Company Name _____

New - Company TRN _____

- No Medical Plans Offered
- No Dental Plans Offered
- No Retirement Benefits Offered

SECTION 1a - EMPLOYMENT INFORMATION

OCCUPATIONS/ STANDARD OCCUPATION CODE	1 Total no. of employees in this occupation	2a Minimum Wage - \$10 (%)	2b \$10.01 - \$15 (%)	2c \$15.01 - \$20 (%)	2d \$20.01 - \$30 (%)	2e \$30.01 & Over (%)	3a Full-Time Employees (%)	3b Part-Time Employees (%)	3c Temporary Employees (%)	4a Medical Benefits % Eligible	5a Retirement Benefits % Eligible
Management (SOC 11-0000)											
Business, financial, and legal operations (SOC 13-0000, SOC 23-0000)											
Computer, mathematical, architecture, and engineering (SOC15-0000, SOC 17-0000)											
Life, physical, and social science (SOC 19-0000)											
Community and social services (SOC 21-0000)											
Education, training, and library (SOC 25-0000)											
Healthcare practitioners, technical, and support (SOC 29-0000, SOC 31-0000)											
Protective services, building, and grounds maintenance (SOC 33-0000, SOC 37-0000)											
Sales and service (SOC 41-0000)											
Office and administrative support (SOC 43-0000)											
Construction and extraction (SOC 47-0000)											
Installation, maintenance, and repair (SOC 49-0000)											
Production, non-construction trades, and craft (SOC 51-0000)											
Transportation and material moving (SOC 53-0000)											
Other (forest, fishery, agriculture, military, arts, entertainment, and media)											

SECTION 1b - TEMPORARY STAFFING

1. How many people did you hire through temporary staffing firms? _____
2. What are the top three occupational codes in which those workers were placed? (see Occupation Code LIST)
1. _____
2. _____
3. _____
3. What is the average length of temporary employment?
- 0 - 30 days 31 - 60 days 61 - 90 days 91 days - 1 year over 1 year Not Applicable

SECTION 2a - MEDICAL PLANS

*** A separate Section 2a form must be completed for each Medical Plan.
Please make copies of this form as needed.**

***MEDICAL PLAN (medical insurance, health savings accounts, etc.):**

Description of Medical Plan (Fee for service, HMO, PPO, Taft-Hartley, etc.) _____

Percentage of total employees eligible for plan _____%

Percentage of eligible employees enrolled in plan _____%

Are part-time employees eligible to participate in the plan? Yes No

Average percentage of premium paid by each enrolled employee _____%

Average monthly contribution paid by employer for each employee \$ _____

Can spouses and dependents obtain coverage? Yes No

If yes, is there an additional premium paid by employee? Yes No

MEDICAL PLAN MATRIX					
Is service covered under plan?	Co-Pay/ Co-Insurance	Amount of Co-Pay/ Co-Insurance per Use	Deductible	Annual Deductible per Employee and Spouse/Dependents	Other/Range (explain)
Primary Care Provider Services <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ and/or _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$0 - \$100 <input type="checkbox"/> \$101-\$250 <input type="checkbox"/> over \$250	
Hospital Services <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ and/or _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$0 - \$100 <input type="checkbox"/> \$101-\$250 <input type="checkbox"/> over \$250	
Prescription Drug Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ and/or _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$0 - \$100 <input type="checkbox"/> \$101-\$250 <input type="checkbox"/> over \$250	

A separate Section 2a form must be completed for each Medical Plan. Please make copies of this form as needed.

SECTION 2b – DENTAL PLANS

*** A separate Section 2b form must be completed for each Dental Plan.
Please make copies of this form as needed.**

***DENTAL PLAN (*dental insurance, etc.*):**

Description of Dental Plan (Fee for service, HMO, PPO, Taft-Hartley, etc.) _____

Percentage of total employees eligible for dental plan _____%

Percentage of eligible employees enrolled in dental plan _____%

Are part-time employees eligible to participate in the plan? Yes No

Average percentage of premium paid by each enrolled employee _____%

Average monthly rate paid by employer for each employee \$ _____

What is the annual maximum dental benefit? \$ _____ and/or unlimited

A separate Section 2b form must be completed for each Dental Plan. Please make copies of this form as needed.

SECTION 3 - RETIREMENT BENEFITS

Do you offer:	Defined Benefit	Description	Percentage of employees	Maximum contribution to enrolled employees
<input type="checkbox"/> Yes <input type="checkbox"/> No	Defined Benefit	<p>Flat-Benefit: Flat dollar amount for years of service in the Plan</p> <p>Career Average Benefit: Uses a percentage or average of employee pay over a period of employee participation in Plan to determine benefit</p> <p>Final-Pay Benefit: Uses a percentage or average of employee pay at end of employee's career to determine benefit in the Plan</p>	Eligible _____% Enrolled _____%	N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Balance Pension	A cash balance plan defines the promised benefit in terms of a stated account balance. Generally, an employer will credit the participant's account with a set percentage of their yearly compensation plus interest.	Eligible _____% Enrolled _____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	Please describe:	Eligible _____% Enrolled _____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	Please describe:	Eligible _____% Enrolled _____%	\$_____ and/or _____% salary

Do you offer:	Defined Contribution	Description	Percentage of employees	Maximum contribution to enrolled employees
<input type="checkbox"/> Yes <input type="checkbox"/> No	401(k) Plan	A section 401(k) plan is a type of deferred compensation plan in which an employee can elect to have the employer contribute a portion of his or her wages to the plan on a pre-tax basis. The name of the Plan is derived from the section of the Internal Revenue Code which established it. The employee and the employer can contribute. However, an employer contribution is not required.	Eligible _____% Enrolled _____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No	SIMPLE 401 (k) Plan	A SIMPLE 401(k) Plan is a subset of the 401(k) plan. Under a SIMPLE 401(k) plan, an employee can elect to defer some compensation. However, unlike a regular 401(k) plan, the employer must make a matching contribution or non-elective contribution.	Eligible _____% Enrolled _____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No	SEP IRA (Simplified Employee Pension Plan)	A SEP is a Simplified Employee Pension plan. Under a SEP IRA, an employer makes contributions to traditional IRAs (SEP IRAs) set up for eligible employees. A SEP is funded solely by employer contributions, subject to certain percentage-of-pay and dollar limits.	Eligible _____% Enrolled _____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No	SIMPLE (Savings Incentive Match Plan for Employees) IRA	A SIMPLE IRA plan is an IRA-based plan that gives small employers a simplified method to make contributions toward their employees' retirement and their own retirement. Under a SIMPLE IRA plan, employees may choose to make salary reduction contributions and the employer makes matching or non-elective contributions. All contributions are made directly to an Individual Retirement Account or Individual Retirement Annuity (IRA) set up for each employee (a SIMPLE IRA).	Eligible _____% Enrolled _____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	Please describe (Salary Reduction Simplified Employee Pension Plan, Profit Sharing Plan, Money Purchase Plan, etc.):	Eligible _____% Enrolled _____%	\$_____ and/or _____% salary
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	Please describe (Salary Reduction Simplified Employee Pension Plan, Profit Sharing Plan, Money Purchase Plan, etc.):	Eligible _____% Enrolled _____%	\$_____ and/or _____% salary

A separate Section 3 form must be completed for each Retirement Plan. Please make copies of this form as needed.

SECTION 4 – ADDITIONAL QUESTIONS FOR ALUMINUM SMELTERS AND ELECTROLYTIC PROCESSING

For an aluminum smelter, how much aluminum was smelted at the manufacturing site during the calendar year covered by the report?

_____ metric tons (MT = 2204.62 lbs).

For a chlor-alkali electrolytic processing business or sodium chlorate electrolytic processing business, how much product was produced at the manufacturing site during the calendar year covered by the report?

_____ tons (2000 lbs).

For an aluminum smelter, chlor-alkali electrolytic processing business, or sodium chlorate electrolytic processing business:

What was your actual total employment at the manufacturing site for:

Q1 _____

Q2 _____

Q3 _____

Q4 _____

How many employment positions were affected or will be affected by any employment reductions that have been publicly announced during the sixty-day period preceding the date this report is submitted?

[Please Make a Copy for Your Records]

Instructions for Filing Report

This report is mandatory if you have claimed any of the following tax incentives:

- Aerospace industry tax incentives:
 - The reduced Business and Occupation (B&O) tax rate for manufacturers and processors for hire of commercial airplanes and component parts;
 - The B&O tax credit for production development;
 - The B&O tax credit for property taxes;
- Aluminum smelter tax incentives:
 - The reduced B&O tax rate for aluminum smelters;
 - The B&O tax credit for property taxes for certain aluminum smelter property;
 - The retail sales and use tax exemption for certain property used at aluminum smelters; and
 - The use tax exemption for the use of natural gas.
- Electrolytic processing industry tax incentive:
 - The public utility tax exemption for certain sales of electricity to electrolytic processing businesses.
- Solar energy systems manufacturers:
 - The reduced B&O tax rate for solar energy system manufacturers.
- Semiconductor cluster incentives:
 - The reduced B&O tax rate for manufacturers and processing for hire semiconductor materials.
 - The sales tax exemption for gases and chemicals used by a manufacturer or processor for hire in the production of semiconductor materials.

You must file this report with the Department of Revenue by March 31, 2007 unless you are taking the semiconductor cluster incentives. Semiconductor companies must file this report by April 30, 2007.

If you fail to submit a complete report, the Department will declare the amount of taxes reduced, credited, or exempt for the year in which incentives are claimed to be due immediately, with interest.

You must submit a separate report for each manufacturing site benefiting from a tax incentive. A person taking the tax incentive covered by this report for the first time must submit two annual reports, one covering calendar year 2005 and one covering calendar year 2006.

The report is not confidential and is subject to public disclosure.

You must mail, fax, or email reports to the Department of Revenue. You can mail the application to the address in the upper left hand corner of the first page of the report, fax to (360) 586-2163, or email to DorEmployerReports@dor.wa.gov.

If you have any questions about how to complete this report, please call (360) 570-3265 and press 6, then 3.

Instructions for Completing Report

Company Information

It is important that you state all of the company information requested at the beginning of the report.

- **Department of Revenue Tax Registration Number:** State the business's Department of Revenue Tax Registration Number. This number is available from your excise tax return.
- **Name of Business as Registered/Contact Person:** State the name of the business as registered with the Department of Revenue and name of a person we may call if we have any questions.
- **Mailing Address:** State the mailing address of the business.
- **Phone Number:** State the phone number of the contact person, including area code.
- **Department of Employment Security UBI Number:** State the business's Employment Security UBI number. If you do not have a Washington State Employment Security UBI number you should write N/A on this line.
- **Number of Employees Statewide Reported to Employment Security:** State the number of all of your Washington employees, as reported to Employment Security.
- **Employment Security Reference Number:** State all Employment Security Department (ESD) reference numbers used on ESD Quarterly Tax Reports you use, to report unemployment insurance taxes. This number can be found on line 6 of the ESD Quarterly Tax Report (Form 5208A).
- **Location of Manufacturing Site covered by this report:** State the location of the manufacturing site in Washington covered by this report. If you have more than one manufacturing site, you must file this form for each site.

- **Tax Adjustment Taken:** Check the applicable box(es).
- **Percentage of activities in Washington supported by tax adjustments:** Provide an estimate of the percentage of jobs in Washington that support activities for which the above aerospace, aluminum, electrolytic tax incentives are eligible. You may calculate this percentage by dividing the number of jobs directly supported by the tax incentives by the total number of jobs at the manufacturing site.

Employment Information – Section 1a

This matrix is organized by employee occupation categories (rows) and wage, employment and benefits information for each occupation category (columns). For each occupation category, you must report total number of employees, the percent of employees in each wage band, the percent of employees that are full-time, part-time, or temporary, the percent eligible in health care, and the percent that are eligible in retirement benefits.

Report jobs reflecting employment for the year ending December 31, 2005.

Report jobs at your manufacturing site in Washington. If you have more than one manufacturing site, you must use a separate form for each site. A person may use their fourth quarter wage and hour reports filed with the Employment Security Department to complete questions regarding employment.

A manufacturing site is one or more immediately adjacent parcels of real property on which the applicable activity occurs. For example, in the case of the aerospace tax incentives, a manufacturing site is one or more immediately adjacent parcels of real property on which manufacturing or processing for hire of commercial airplane or component parts occurs. Adjacent parcels of real property separated only by a public road comprise a single site. A manufacturing site includes real property on the same site that supports the qualifying activities, including, but not limited to: administration facilities, test facilities, warehouses, design facilities, and shipping and receiving facilities. This also includes portions of the manufacturing site which may also support non qualifying activities.

Occupation Categories. Occupation categories are organized by Federal Department of Labor Standard Occupation Codes (SOC). The Department has adopted the broadest possible category of SOC major groups, and in some instances have combined SOC major groups. A detailed description of the different SOC major groups is set forth in the SOC Occupational Structure, available online at www.bls.gov/soc.

Here are descriptions of some of the jobs included in each SOC major group:

- Management includes:
 - Top executives, advertising, marketing, promotions, public relations and sales managers, and operations specialties managers.
- Business, financial, and legal operations includes:
 - Business operations specialists, financial specialists, lawyers, and legal support workers.
- Computer, mathematical, architecture, and engineering includes:
 - Computer programmers, computer software engineers, database, network and computer system administrators and analysts, actuaries, mathematicians, statisticians, architects, surveyors, cartographers, engineers, and mapping technicians.
- Life, physical, and social science includes:
 - Animal, food and soil scientists, biochemists and biophysicists, conservation scientists, foresters, epidemiologists, physicists, chemists, geoscientists, economists, market research analysts, psychologists, sociologists, and urban, and regional planners.
- Community and social services includes:
 - Counselors, social workers, and religious workers.
- Education, training, and library includes:
 - Teachers and library workers.
- Healthcare practitioners, technical, and support includes:
 - Physicians and surgeons, chiropractors, dentists, pharmacists, nurses, hygienists, medical assistants, and medical technicians.
- Protective services, building and grounds maintenance includes:
 - Fire fighters, law enforcement workers, and security guards.
- Sales and service includes:
 - Cashiers, sales representatives, brokers, and telemarketers.
- Office and administrative support includes:
 - Bookkeeping, accounting and auditing clerks, information and record clerks, and material recording, scheduling, dispatching, and distributing workers.
- Construction and extraction includes:
 - Construction trades and extraction workers.
- Installation, maintenance, and repair includes:
 - Equipment, aircraft and automotive installers, and maintenance and repair workers.

- Production, non-construction trades, and craft includes:
 - Assemblers and fabricators, metal workers, plastic workers, machinists, metal furnace and kiln operators, tool and die makers, welders, printers, textile workers, woodworkers, plan and system operators.
- Transportation and material moving includes:
 - Aircraft cargo workers, air, rail, and water transportation workers.
- Other (forest, fishery, agriculture, military, arts, entertainment, media, and any others not listed)

Total number of employees. See column 1. State the total number of employees at your manufacturing site in each SOC major group.

Wage bands. See columns 2a through 2e. For each SOC major group, state the percent of total employment in each wage band at your manufacturing site. To determine wages, use base wage only. This does not include overtime, benefits, or stock options. For employees that earn an annual salary or commission wages, determine hourly wages by dividing their annual earnings by 2080 (this correlates to a 40+ hour work week).

Full-time/part-time/temporary. See columns 3a through 3c. For each SOC major group, state the percent of total employment at your manufacturing site that were full-time, part-time or temporary workers.

- In order for a position to be treated as full or part-time, the employer must intend for the position to be filled for at least 12 consecutive months. A position that is intended to be filled for a shorter period of time is a temporary position.
- A temporary worker: (i) Works 35 hours per week for 52 consecutive weeks; (ii) Works 455 hours, excluding overtime, each quarter for four consecutive quarters; or (iii) Works 1820 hours, excluding overtime, during a period of twelve consecutive months.
- A part-time position is a position for which the employee may work less than the hours required for a full-time position.

Employment Information – Section 1b

1. Report persons working for your firm obtained through temporary staffing firms for the year ending December 31, 2005. Report jobs at your manufacturing site in Washington. If you have more than one manufacturing site, you must use a separate form for each site.
2. Using the occupational codes in Section 1A, report the top 3 codes in which these temporary staffing positions were placed.
3. For the persons obtained through temporary staffing firms reported in question 1, Section 1B, report the average duration of their employment at your business for the year ending December 31, 2005. If the duration exceeds one year, chose the box title “over 1 year.”

Medical Plans – Section 2a

Complete a separate medical plan form for every type of health plan your company offers to its employees, at this manufacturing site.

- **Description of Medical Plan:** Describe the type of medical plan that is available to employees at your company’s manufacturing site. You are not required to disclose the names of the providers.
- **Percentage of total employees eligible for plan:** State the percentage of employees at this manufacturing site that is eligible for the plan, by selecting yes or no.
- **Are part-time employees eligible to participate in the plan?** State whether part-time employees can participate in any medical plans.
- **Percentage of eligible employees enrolled in plan:** State the percentage of employees at this manufacturing site that are enrolled in the plan.
- **Average percentage of premium paid by each enrolled employee:** State the average percentage of premium paid by each employee, at the manufacturing site that is enrolled in a medical plan.
- **Average monthly contribution paid by employer for each employee:** State the average monthly contribution to enrolled employees at the manufacturing site. In some instances, employers may make contributions to an employee medical plan, but may not be aware of the percentage of premium cost borne to the employee. For example, employers may contribute to a health plan sponsored by an employee organization or may sponsor a medical savings account or health savings account. In those instances where the employee’s contribution to the medical plan is unknown, an employer must report its average monthly contribution to the health plan by dividing the employer’s total monthly costs for the health plan, by the total number of employees enrolled in the health plan.
- **Can spouses and dependents obtain coverage?** State whether spouses and dependents of employees at the manufacturing site are eligible for coverage, by selecting yes or no.
- **If yes, is there an additional premium paid by employee?** If spouses and dependents are eligible for coverage, state yes or no whether an additional premium must be paid by the employee.

- **Medical Plan Matrix:** Check all boxes that apply to this manufacturing site in each category. In addition to the detailed information required for each medical plan, report the amount of enrolled employee point of service cost-sharing for hospital services, prescription drug benefits, and primary care physician services for each health plan. If differences exist within a health plan, the lowest cost option to the enrolled employee must be stated in the report. For example, if employee uses a network of preferred providers, report the amount of point of service cost-sharing using a preferred provider. Employee point of service cost-sharing is generally stated as a percentage of cost, a specific dollar amount, or both. If your plan has services other than the options in the matrix, please explain them in the other/range section.

Dental Plans – Section 2b

Complete a separate dental form for every dental plan that your company offers to its employees at this manufacturing site.

Dental Plan

- **Is dental insurance offered?** State yes or no whether dental insurance is offered. If no, go to Vision Care Services Plan.
- **Description of Dental Care Services plan.** Describe the type of plan the dental care services plan is.
- **Percentage of total employees eligible for dental care services plan.** State the percentage of employees at your manufacturing site eligible for the dental plan.
- **Are part-time employees eligible to participate in the plan?** State whether part-time employees are eligible for this dental care services plan, by selecting yes or no.
- **Percentage of eligible employees enrolled in dental services plan.** State the percentage of eligible employees enrolled in this dental care services plan at your manufacturing site.
- **Average percentage of premium paid by each enrolled employee.** State the average percentage of premium paid by employees at your manufacturing site.
- **Average monthly contribution paid by employer for each employee.** State the average monthly contribution to enrolled employees at the manufacturing site. In some instances, employers may make contributions to an employee health plan, but may not be aware of the percentage of premium cost borne to the employee. For example, employers may contribute to a health plan sponsored by an employee organization or may sponsor a medical savings account or health savings account. In those instances where the employee's contribution to the health plan is unknown, an employer must report its average monthly contribution to the health plan by dividing the employer's total monthly costs for the health plan by the total number of employees enrolled in the health plan.
- **What is the annual maximum dental benefit?** State the annual maximum dental benefit for employees at your manufacturing site.

Retirement Benefits – Section 3

The retirement benefits portion of the accountability form is organized by type of benefit plan. The upper matrix relates to different types of defined benefit plans. The lower matrix relates to different types of defined contribution plans.

For each type of plan, state whether or not you offer such plan to employees at the manufacturing site, the percentage of employees at the manufacturing site eligible for the benefit, the percentage of eligible employees enrolled in such plan, and your maximum contribution to enrolled employees under each plan. If you have any retirement plans that are not already listed in the matrixes, please describe them and state the relevant information about such plans.

Additional Information - Section 4

For an aluminum smelter, state the metric tons of aluminum smelted at this manufacturing site during the calendar year. A metric ton is equal to 2204.62 pounds.

For a chlor-alkali or chlorate electrolytic processing business, state the tons of product produced at this manufacturing site during the calendar year.

State the total number of employees at the manufacturing site that were reported, on each quarterly wage and hour report sent to the Department of Employment Security.

State the number of employees at the manufacturing site that may be affected by any employment reductions (separation of employment, layoffs, etc.) in which a public announcement has been made.

For tax assistance visit <http://dor.wa.gov> or call 1-800-647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.