



DEPARTMENT OF REVENUE
TAX INQUIRY STATEMENT

You may use this form as a guide to request a written response to your tax inquiry. You may leave this form with a Department of Revenue employee or mail your question to the address below.

Date: _____ Year: _____

1. My name is: _____

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Tax Registration/UBI No.: _____

Email Address: _____

2. My question is (give detailed information about your request. If more space is needed, please attach additional sheets to this form).

Taxpayer Services
PO Box 47478
Olympia, WA 98504-7478
Fax: (360) 705-6655

You can expect a reply within 10 working days **if the taxpayer in question is identified.**

For tax assistance or to request this document in an alternate format, visit <http://dor.wa.gov> or call 1-800-647-7706. Teletype (TTY) users may call (360) 705-6718.