Department of Revenue

Application for Leasehold Excise Tax Refund

Important: Applications not fully completed or received without supporting documentation will not be accepted.

Leasehold Tax Registration Number	Period covered by Claim	Total Refund Claimed

Name of Claimant		
Address		Telephone Number
City	State	Zip Code

Name of Representative (attach a *Confidential Tax Information Authorization* form if filing on behalf of claimant)		
Address		Telephone Number
City	State	Zip Code

Provide a full explanation on which your claim is based. Use additional sheets if necessary and send all documents necessary to properly substantiate your claim.

Subject to penalty of perjury, I declare that the information provided is true, correct and complete. I do hereby make application for refund or credit, pursuant to RCW 82.32.060, and certify that all taxes for which this claim is filed have been paid.

Claimant's or Representative's Signature

Date

Name and Title (print)

Mail this application with supporting documentation to:

Attn: Leasehold Excise Tax Refunds
State of Washington Department of Revenue
Special Programs Division
PO Box 47477
Olympia, WA 98504-7477

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.