



Warehouse tax incentive for grain elevator expansion and material-handling and racking equipment

Quarter/year	You may only submit one application per quarter		
Your information			
UBI number or account ID			
Name			
Business name			
Mailing address			
City	State	Zip	
Representative name			
Contact preference D Phone	My DOR (secure) login		

Eligibility

Please answer the following questions to determine if your grain elevator qualifies for the remittance. You must determine eligibility for each grain elevator.

1. Do you own a grain elevator and lease it?

🗆 Yes

2. Is the grain elevator <u>and</u> the material-handling and racking equipment owned exclusively by the same person or business?

□ Yes (skip to question 4)	🗆 No
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3. Is there a written contract that agrees to pass the economic benefit of the remittance to the lessee of the grain elevator in the form of reduced rent payments?

🗆 Yes

No If no, you are not eligible

□ No (skip to question 4)

- 4. Select the categories that apply to the business or tenant applying for remittance.
 - □ wholesale business that owns or operates a grain elevator
 - □ third party warehouse business that owns or operates a grain elevator

If none, you are not eligible

5. Have you paid the retail sales and/or use tax on the construction or material-handling and racking equipment for which you are applying for the remittance?

🗆 Yes

□ No **If no, you are not eligible**

Grain elevator expansion construction Please provide information in the table below on the new grain elevator construction activity you are claiming. List each location separately. Attach additional sheets if neessary.

A	<u>B</u>	<u>C</u>	D	<u>E</u>	<u>F</u>	<u>G</u>
Grain elevator construction location	Construction start date (mm/dd/yy)	Expansion size (no. of bushels)	Total eligible costs (not including retail sales or use tax)	State retail sales and/or use tax paid (multiply column D by .065 and enter the amount in column E)	Remittance on 100% of state retail sales/ use tax (enter amount from column E in column F)	Remittance on 50% of state retail sales/use tax. (multiply amount from column E by .50 and enter the amount in column G)
(I) Expansion of a grain elevat	or - 1 million	but less th	an 2 millior	n bushels		
WA structure 1 address:						
WA structure 2 address:					Not eligible for 100% remittance	
WA structure 3 address:						
(2) Expansion of a grain eleva	ntor - 2 millio	n bushels c	or more			
WA structure 1 address:						
WA structure 2 address:						Not eligible for 50% remittance
WA structure 3 address:						
				on remittance of the summary)		

Material-handling and racking equipment

Please provide information in the table below on the material-handling and racking equipment you are claiming. List each grain elevator location separately. Attach additional sheets if necessary.

A	<u>B</u>	<u>C</u>	<u>D</u>	E
Installation location	Size (bushels)	Total costs of eligible material-handling equipment (not including retail sales/ use tax)	State retail sales/ use tax paid (multiply column C by .065 and enter amount in column D)	Remittance on 50% of state retail sales/use tax. (Multiply amount from column D by .50 and enter the amount in column E)
Grain elevator				
WA structure 1 address:				
WA structure 2 address:				
WA structure 3 address:				
		d racking equipme s amount in box 2 of the		

Summary

Type of remittance	Remittance amount
1. Total grain elevator expansion construction	
2. Total material-handling and racking equipment	
Total remittance requested	

Certification

By signing this application, you agree that you are fully aware of the legal penalties for fraud and tax evasion.

Name (please print)		
Signature		
Title	Phone	Date

Additional items required*

Submit the following items with your application:

- electronic spreadsheet (template)
- purchase invoices
- proof of invoice payment showing sales or use tax paid (checks, bank statements, receipts, or certification of use/deferred sales tax paid)
- new cerification applications must include building permit and blueprints (with first application only)

* If an application does not include all required items, the refund may be delayed.

How to submit your application

Electronically

To send the documents electronically:

- 1. Log in to your My DOR account at dor.wa.gov.
- 2. On the services page, click **get started**.
- 3. From the home page, select the **excise tax account**.
- 4. From the I want to menu, select send a message.
- 5. Select the message type, "Warehouse tax incentive application."
- 6. Add your message and attach the required documentation.
- 7. Click **submit**.

Questions

- Call 360-705-6217
- For assistance or to request this document in an alternate format, please call 360-705-6705. Teletype (TTY) users may use the Washington Relay Service by calling 711.

Mail

Send your application and all required documents to: State of Washington Department of Revenue Attn: Reseller Permit Team PO Box 47476 Olympia, WA 98504-7476