

Warehouse tax incentive for grain elevator (2 million bushels or more) and material-handling and racking equipment

Quarter/year	You may only submit one application per quart		
Your information			
UBI number or account ID			
Name			
Business name			
Mailing address			
City	State	Zip	
Representative name		□ CTIA	
Contact preference	П Му	DOR (secure) login	
Eligibility			
Please answer the following questions to You must determine eligibility for each gr	, ,	elevator qualifies for the remittance.	
1. Do you own a grain elevator and lease ☐ Yes	it? □ No (skip to questi	on 4)	
2. Is the grain elevator <u>and</u> the material-h same person or business?	andling and racking eq	uipment owned exclusively by the	
\square Yes (skip to question 4)	□No		
3. Is there a written contract that agrees to of the grain elevator in the form of redu	•	nefit of the remittance to the lessee	
☐ Yes	☐ No If no, you are	not eligible	
4. Select the categories that apply to the	business or tenant appl	ying for remittance.	
\square wholesale business that	owns or operates a grai	n elevator	
☐ third party warehouse b	usiness that owns or op	erates a grain elevator	
lf none, you are not eli	gible		
5. Have you paid the retail sales and/or us equipment for which you are applying f		on or material-handling and racking	
□Yes	☐ No If no, you are n	not eligible	

REV 40 0037(6) (8/30/19) Continued...

New grain elevator constructionPlease provide information in the table below on the new grain elevator construction activity you are claiming. List location activity separately. Attach additional sheets if necessary.

<u>A</u>	<u>B</u>	<u>C</u>	D	<u>E</u>	<u>F</u>
Grain elevator construction location	Construction start date (mm/dd/yy)	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 re- tail sales/use tax (enter amount from column E in column F)
New grain elevator - 2 million bushels or more					
WA structure 1 address:					
WA structure 2 address:					
WA structure 3 address:					
Total new grain elevator construction remittance (Total columns F. Enter this amount in box 1 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 location senarately. Attach additional sheets if necessary

<u>A</u>	<u>B</u>	<u>C</u>	D	<u>E</u>
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:				
Total material-handling and racking equipment remittance (Total columns E. Enter this amount in box 2 of the summary.)				

Summary

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

Certification

By signing this application, you agre	e that you are fully aware of the	legal penalties for fraud and tax evasio	on
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 certification applications must include building permit and blueprints (with first application only)

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.

Ouestions

- 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

^{*}If an application doesn't have all required items, the refund may be delayed.