

Tax inquiry statement

Mail or fax this form to the address below or to submit online, visit our website at dor.wa.gov/rulings.
You can expect a reply within 10 days.

Date _____

1 Your information

Name _____

Business name _____

Street address _____ City _____

State _____ Zip _____ Phone _____

Account ID/UBI _____

Email address _____

2 Your question

Give detailed information about your request. Please attach additional pages if more space is needed.

Need help?

If you need help completing this form call 360-705-6705.

Mail or fax this form to:

Taxpayer Services

PO Box 47478

Olympia WA 98504-7478

Fax: 360-705-6655

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