

KITSAP COUNTY ADVANCE TAX REQUEST FORM

Please provide the information requested on this form in the spaces below. A separate form should be completed for each account for which a tax statement is required. Attach the appropriate bill of sale showing breakdown of sales price (i.e., equipment, inventory, intangibles, etc.) with related dollar values.

REQUESTOR INFORMATION					
Company Name:			Attention:		
Mailing Address:			City:	State:	Zip:
Telephone: ()	Fax: ()			Email:	

PERSONAL PROPERTY (EXISTING BUSINESS) INFORMATION					
Account Number:	Business Name:		Owner Name:		
Mailing Address:			City:	State:	Zip:
Location Address:			City:	State:	Zip:

NEW INFORMATION					
Reason for Request:					
<input type="checkbox"/> Bankruptcy <input type="checkbox"/> Auction <input type="checkbox"/> Closing Business (Provide Forwarding Address) <input type="checkbox"/> Sale of Business (Provide New Owner Information)					
<input type="checkbox"/> Other (Please Provide Explanation): _____					
Closing Date:	New Business Name:		New Owner Name:		
Telephone: ()	UBI Number:		Legal Entity:		
New Mailing Address:			City:	State:	Zip:
New Location Address:			City:	State:	Zip:
Total Sales Price \$	Equipment \$	Leasehold Imp \$	Intangibles \$	Other \$	

Kitsap County Treasurer
 614 Division St MS-32
 Port Orchard WA 98366
 Phone: (360) 337-7135
 Fax: (360) 337-4935
[Email: Treasurer@co.kitsap.wa.us](mailto:Treasurer@co.kitsap.wa.us)

Kitsap County Assessor
 614 Division St MS-22
 Port Orchard WA 98366
 Phone: (360) 337-7160
 Fax: (360) 337-4874
[Email: Assessor@co.kitsap.wa.us](mailto:Assessor@co.kitsap.wa.us)