

FRANKLIN COUNTY ADVANCE TAX

REQUESTER INFORMATION

COMPANY NAME	ATTENTION:		
MAIL ADDRESS:	PHONE	FAX	
CITY:	STATE:	ZIP:	EMAIL:

PERSONAL PROPERTY (EXISTING BUSINESS) INFORMATION

SITE NAME (DBA):	ACCOUNT NUMBER:		
OWNER NAME:			
MAILING ADDRESS:	PHONE:		
CITY:	STATE:	ZIP:	EMAIL
SITE ADDRESS:	PHONE:		
CITY:	STATE:	ZIP:	

NEW INFORMATION

REASON FOR REQUEST: Bankruptcy Auction Closing Business Business Sale (List new owner information below.)

Other (Please provide a brief explanation)

NEW OWNER'S NAME	PHONE:		
ADDRESS:	CITY:	STATE:	ZIP:

NEW BUSINESS NAME (IF APPLICABLE):

NEW SITE ADDRESS (IF APPLICABLE):

CLOSING DATE:	TOTAL SALE PRICE: \$	EQUIPMENT SALE PRICE: \$
LEASEHOLD IMP \$	INTANGIBLES \$	OTHER (PLEASE SPECIFY)

-----SECTION BELOW FOR OFFICIAL USE ONLY-----

TAX YR	LEVY CODE	ASS'D VAL	TAX BASE	PEN %	PEN AMT	TOTAL TAX
20__						
For						
20__						
ASSESSOR DATE & INITIAL			TREASURER DATE & INITIAL			
DATE FAXED		MAILED _____		AT COUNTER		TO REV. OFFICER
BANKRUPTCY			RETURN MAIL/DATE		COPY TO ASSESSOR	
COMMENTS:						

INSTRUCTIONS: Please complete a separate form for each business or account requiring a tax statement. Advance Tax Laws: RCW 84.56.090, 84.56.290, 84.56.120

Fax to 509-546-5840 or mail to **1016 N 4th, Pasco, WA 99301 Attn: Carrie Mitchell**. Please provide bill of sale showing breakdown of sales price (i.e., equipment, inventory, intangibles, etc.) with related dollar values. Call 509-545-3506 or email cmitchell@co.franklin.wa.us with further questions.

This form is available at web site: WWW.co.franklin.wa.us/assessor