

WAREHOUSE TAX INCENTIVE

(RCW 82.08.820)

Application for Remittance

Sheet for

		quarter, year)
Name:	Re	egistration Number:
Firm Na	ame:	
Street A	Address:	
City: _	State:	Zip:
Docum	nentation Needed to Verify Eligibility	
• • • • Eligibi	Photos, foundation blueprints, or engineering plans for new complysical location and square footage or bushel capacity of the A worksheet containing the following details for costs being a name, cost of item before sales tax, detailed description of the which the costs were incurred; and Copies of purchase invoices for the costs claimed on the work Proof of payment of sales or use tax corresponding to the invoilibity Determination	e structures; and claimed: Invoice date, invoice number, vendor e item, and physical location of the facility for ksheet; and
any p regar	see review the following to determine eligibility for the Wareho point while completing this application, it is not necessary to purding this application, please call (360) 902-7137. blicants for the remittance are not eligible under any of the following is a distribution center at which retail sales on the warehouse is part of a manufacturing operation. The warehouse is part of a manufacturing operation. The wholesale business applying for the remittance is classificated RCW 82.04.330. The warehouse, grain elevator, or material-handling equipment receive an exemption, credit, or deferral under the following such that the following is chapter 82.60 RCW - Tax Deferrals for Investment Project Chapter 82.61 RCW - Tax Deferrals for Manufacturing, R Chapter 82.62 RCW - Tax Credits for Eligible Business Prochapter 82.63 RCW - Tax Deferrals for High Technology RCW 82.08.02565 - Sales Tax Exemption of Manufacturing Machinery and Equipment RCW 82.12.02565 - Use Tax Exemption of Manufacturing Machinery and Equipment	deling or repair. ed as a farmer who makes exempt sales under nt and racking equipment is receiving or will statutes: ets in Distressed Areas esearch and Development Projects rojects Businesses ng, Research and Development
Eligi	is answer the following questions to determine if your warehouse ibility needs to be determined for each warehouse or grain elector you own a warehouse or grain elevator and lease it? Yes (Proceed to question a) No (Proceed to Is the warehouse or grain elevator and the material-handling by the same person or business? Yes (Proceed to question 2) No (Proceed to Is there a written contract that agrees to pass the economic between the same person or business?	question 2) gand racking equipment owned exclusively question b)
	of the warehouse or grain elevator in the form of reduced ren	nt payments? of eligible for the remittance.)

	If ye	es, please check the appropriate box(es). If no, you are not eligible	e for the remitte	ance.				
	Ĺ	Wholesale business that owns or operates a warehouse.	·					
	F	Wholesale business that owns or operates a grain elevator.						
	Third party warehouse business that owns or operates a warehouse.							
	Ē	Third party warehouse business that owns or operates a grain el						
	Retail business that owns or operates a distribution center.							
3.	Is the structure(s) for which the remittance application is being made included in one or more of the following categories? If yes, please check the appropriate box(es). <i>If no, you are not eligible for the remittance</i> .							
		A warehouse that stores finished goods for sale.						
		A grain elevator.						
		Retail distribution center that stores its own finished goods.						
4.		e you paid the retail sales and/or use tax on the construction or mach you are applying for the remittance?						
5.		struction Remittance Eligibility	y , y	, and the second				
٠.		s the size of the structure meet the square footage or bushel storage	re requirements	listed below? If ve	s nlease check			
	the a	appropriate box. <i>If no, you are not eligible for the remittance for</i> each structure. The structure numbers below correspond with the structure.	construction ac	ctivity. (The table l	pelow is provided			
	a)	The new warehouse has 200,000 square feet or more,	Structure 1	Structure 2	Structure 3			
		dedicated to the storage of qualifying finished goods. Refer to page 3, number I, to provide detail.						
	b)	The expansion to an existing warehouse adds 200,000						
		square feet or more, dedicated to the storage of qualifying						
		finished goods. Refer to page 3, number II, to provide detail.						
	c)	The new grain elevator contains 1 million bushels or	_	_	_			
	-,	more of storage. Refer to page 4, number I or II, to			<u></u>			
		provide detail.						
	d)	The expansion to an existing grain elevator adds 1						
		million bushels or more of storage. Refer to page 5, number I or II to provide detail.						
5.		ipment Eligibility						
		the material-handling and racking equipment be installed in one						
	table	es, please check the appropriate box. <i>If no, you are not eligible fo</i> be below is provided for each structure. The structure numbers below the following pages.)						
	a)	A new or existing warehouse that has 200,000	Structure 1	Structure 2	Structure 3			
		square feet or more, dedicated to the storage of	Silwer 1	<u> </u>				
		qualifying finished goods. Refer to page 6, number I, to provide detail.						
	b)	An expansion resulting in a warehouse of 200,000						
		square feet or more, dedicated to the storage of						
		qualifying finished goods. Refer to page 6, number I, to provide detail.						
	c)	A new or existing grain elevator that has 1 million						
	• ,	bushels or more of storage. Refer to page 6, number						
		II, to provide detail.						
	d)	An expansion resulting in 1 million bushels or more						
		of storage to an existing grain elevator. Refer to						
		page 6, number II, to provide detail.		<u> </u>	Ш			

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A. Remittance Eligibility Detail for Warehouse Construction

Please provide information in the table below on the warehouse construction activity for which the business is claiming a remittance. Please list each construction activity separately. If necessary, attach additional sheets to list construction activity.

(A)	(B)	(C)	(D)	(E)
Warehouse Construction Location (I) New Warehouse Construction	Construction Start Date (mm/dd/yy)	Completed Size (square feet)	Total Eligible Costs (Not including retail sales or use tax.)	Remittance Equals 100% of State Retail Sales and/or Use Tax Paid (Multiply column D by .065 and enter the amount in column E.)
Structure 1				
Street Address				
City State Zip				
Structure 2				
Street Address				
City State Zip				
Structure 3				
Street Address				
City State Zip				
(II) An Expansion to an Existing Warehouse		Expansion Size	↓	\
Structure 1				
Street Address				
City State Zip				
Structure 2				
Street Address				
City State Zip				
Structure 3				
Street Address				
City State Zip				
	Ta	tal Warehouse Const	ruction Domittones	

(Total column E. Enter the total from column E in box 1 of the summary table on page 7.)

B. Remittance Eligibility Detail for New Grain Elevator Construction

Please provide information in the table below on the new grain elevator construction activity for which the business is claiming a remittance. Please list each construction activity separately. If necessary, attach additional sheets to list construction activity.

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Grain Elevator Construction Location (I) New Grain Elevator-1 Million but less than 2 Million Bushels	Construction Start Date (mm/dd/yy)	Size (No. of bushels)	Total Eligible Costs (Not including retail sales or	State Retail Sales and/or Use Tax Paid (Multiply column D by .065 and enter the	State Retail Sales/Use Tax. (Enter amount from	Remittance on 50% of State Retail Sales/Use Tax. (Multiply amount from column E by .50 and enter
Structure 1			use tax.)	amount in column E.)	column E in column F.)	the amount in column G.)
Structure 1						
Street Address						
City State Zip						
Structure 2					Not Eligible for	
Street Address					100% Remittance	
City State Zip						
Structure 3 Street Address						
City State Zip (II) New Grain Elevator-2 Million Bushels or More			<u> </u>	V		V
Structure 1				•		•
Structure 1						
Street Address						
City State Zip						
Structure 2						
Street Address						Not Eligible for 50% Reimbursement
City State Zip						
Structure 3						
Street Address						
City State Zip						
	(Tot	al columns F and C	G. Add the total an	ion Remittance nounts from column F nary table on page 7.)		

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C. Remittance Eligibility Detail for Grain Elevator Expansion Construction

Please provide information in the table below on the grain elevator expansion construction activity for which the business is claiming a remittance. Please list each construction activity separately. If necessary, attach additional sheets to list construction activity.

(B)	(C)	(D)	(E)	(F)	(G)
		Total Eligible	State Retail Sales	Remittance on 100%	Remittance on 50% of State Retail Sales/Use Tax.
(mm/dd/vv)	(No. of bushels)	(Not including	(Multiply column D	Sales/Use Tax.	(Multiply amount from
1		retail sales or use tax.)	amount in column E.)	(Enter amount from column E in column F.,	column E by .50 and enter the amount in column G.)
_					
<u>.</u>					
				-	
				Not Eligible for	
•					
				Remittance	
-					
				<u>.</u>	
,					
_					
		_			
		Ψ	Ψ		↓
'					
					Not Eligible for 50%
					Not Eligible for 50% Reimbursement
<u>. </u>					
<u>. </u>					
·					
- -					
Total Grain	Elevator Exp	ansion Constr	ruction Remittance		
	Start Date (mm/dd/yy)	Start Date Expansion Size (mm/dd/vy) (No. of bushels)	Start Date Expansion Size Costs (mm/dd/yy) (No. of bushels) (Not including	Start Date (mm/dd/yy) Start Date (mm/dd/yy) Start Date (no. of bushels) Expansion Size (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.)	Start Date (mm/dd/yy) No. of bushels) Start Date (mm/dd/yy) No. of bushels) Start Date (mm/dd/yy) Start Date (mm/dd/yy) No. of bushels) Start Date (No. of bushels) Not Eligible costs (Not including retail sales or use tax.) Not Eligible for 100% Remittance

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D. Remittance Eligibility Detail for Material-Handling and Racking Equipment

Please provide information in the table below for the warehouse or grain elevator material-handling and racking equipment for which the business is claiming a remittance. Provide information for each warehouse or grain elevator. (Provide information on construction on pages 3 through 5 of this application.)

(I) Warehouse	(A) <u>Installation Location</u>		(B) Size (square feet)	(C) Total Costs of Eligible Material- Handling Equipment (Not including retail sales/use tax.)	(D) State Retail Sales/Use Tax Paid (Multiply column C by .065 and enter amount in column D.)	(E) Remittance on 50% of State Retail Sales/Use Tax (Multiply the amount in column D by .50 and enter the amount in column E.)
Structure 1						
Street Address			-			
City	Ctata	Zip	_			
City Structure 2	State	Ζιρ				
Structure 2						
Street Address			_			
City	State	Zip				
Structure 3	State	2.0				
Street Address			_			
City	State	Zip	(bushels)			
(II) Grain Elevator			(busnets)			
Structure 1						
Street Address						
City	State	Zip	_			
Structure 2	State	Συρ.				
Street Address						
Street Address						
City	State	Zip				
Structure 3						
Street Address			_			
City	State	Zip				
		Total Materi	al-Handling and	Racking Equipm	ent Remittance	

Total Material-Handling and Racking Equipment Remittance (Total column E. Enter the amount from column E in box 4 of the summary table on page 7.)

Summary Table of Total Remittance Requested

(To calculate the total remittance, please complete the following table.)

	Type of Remittance		Remittance Amount
1.	Total Warehouse Construction		
	(Enter total from page 3, column E.)		
2.	Total New Grain Elevator Construction		
	(Add columns F and G on page 4. Enter the total	al amount.)	
3.	Total Grain Elevator Expansion Construction		
	(Add columns F and G on page 5. Enter the total	al amount.)	
4.	Total Material-Handling and Racking Equipmen	nt	
	(Enter total from page 6, column E.)		
	Total R	emittance Requested	
I,	Name of Applicant (Please Print)	, certify	that the information I provided is correct.
	Signature of Applicant		Title
•	Telephone Number		Date Signed
Ple	ease send your completed application and		
	cuments needed to verify eligibility to:	State of Washington	
,		Department of Revenue	
		ATTN: Reseller Permit	
		PO BOX 47476	

Send all documents electronically in order to expedite the refund process.

To send documents electronically, log in to your My Account homepage on the Department's website at dor.wa.gov. If you don't already have a login ID and password, click on "Register Now". Once you're logged in, click on "E-mail & notices", then "Secure e-mail". Click on the "New" icon, then select "Refund Requests" as the topic, and then type "Warehouse Tax Incentive Refund" in the subject line. You can attach documents to the message just as you would using standard email. You may attach up to 10 files per message. Once you click "Send", you will receive confirmation that your message has been sent.

Olympia WA 98504-7476

If you need assistance completing the application, please call (360) 902-7137.

For tax assistance or to request this document in an alternate format, visit http://dor.wa.gov or call 1-800-647-7706. Teletype (TTY) users may call (360) 705-6718.