

SNOHOMISH COUNTY ASSESSOR'S OFFICE PERSONAL PROPERTY DEPARTMENT

NOTIFICATION OF

BUSINESS SALE/TRANSFER/BANKRUPTCYADVANCE TAX REQUEST

INSTRUCTIONS: Complete a separate form for each business or account requiring a tax statement. Provide a bill of sale showing breakdown of sales (i.e., equipment, inventory, intangibles, etc) with related dollar values. Fax to 425-388-3961 or mail to Assessors Office, Personal Property Dept, 3000 Rockefeller Ave MS 510, Everett, WA 98201 or email to contact.personalproperty@snoco.org. For questions call 425-388-3656 or email to the previously stated address.

This form is available at web site: www.snohomishcountywa.gov/assessor

REQUESTER INFORMATION

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

CURRENT OWNER & BUSINESS INFORMATION

COMPANY NAME:		PP ACCOUNT #:	
OWNER/CONTACT NAME:			
MAIL ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:	
SITE ADDRESS:		CITY:	ZIP:

TRANSFER DATE:	REASON FOR REQUEST: <input type="checkbox"/> SALE <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER: _____
TOTAL SALE PRICE: \$	EQUIPMENT SALE PRICE: \$
LEASEHOLD IMPROVEMENTS: \$	INTANGIBLES: \$ OTHER: \$

NEW OWNER & BUSINESS INFORMATION

NEW OWNER NAME:		PHONE:	
MAIL ADDRESS:	CITY:	STATE:	ZIP:
NEW BUSINESS NAME (If applicable):		UBI:	
NEW LOCATION ADDRESS (If applicable):		CITY:	Zip:

=====SECTION BELOW FOR OFFICIAL USE ONLY=====

TAX YR	LEVY CODE	ASS'D VALUE	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: