

Request for Refund of Manufacturing/Wholesaling B&O Tax

To request a refund from the reclassification of income from the *manufacturing/wholesaling B&O tax classification* to the *slaughter, breaking, processing perishable meat-wholesale B&O tax classification*, complete and send this form to the Department of Revenue at the address noted below. Incomplete forms may delay your refund request.

Date _____

Company Name _____ Tax Reporting Account Number _____

Mailing Address _____ Contact Person _____

City, State, Zip _____ Phone Number _____

- ▶ **Did a Department of Revenue audit cover any period of this request?** Yes No
- ▶ **In the table below, list out your refund request by each reporting period, or combined reporting periods by calendar year, on a separate line.**
- ▶ **Return to:** Refund Section, Department of Revenue, PO Box 47476, Olympia WA 98504-7476.
If you have any questions, please call 1-800-647-7706.

Reporting Period	Perishable Meat Product Used	Product Sold	Tax Classification Reported Under	Taxable Amount Reported	Tax Paid @ .00484 (A)	Tax Due @ .00138 (B)	Difference to be Refunded (A-B)
e.g. Jan/2004 or Q1/2004 or CY/2004	Beef	Jerky	<input checked="" type="checkbox"/> Manufacturing	\$ 50,000.00	\$ 242.00	\$ 69.00	\$ 173.00
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
TOTAL (page 1)					\$	\$	\$

▶ **If more space is required, see reverse.**

Name _____ Signature _____ Date ____ / ____ / ____

Request for Refund of Manufacturing/Wholesaling B&O Tax (Continued)

Company Name _____

Tax Reporting Account Number _____

Reporting Period	Perishable Meat Product Used	Product Sold	Tax Classification Reported Under	Taxable Amount Reported	Tax Paid @ .00484 (A)	Tax Due @ .00138 (B)	Difference to be Refunded (A-B)
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
			<input type="checkbox"/> Manufacturing	\$	\$	\$	\$
			<input type="checkbox"/> Wholesaling	\$	\$	\$	\$
SUBTOTAL (this page)					\$	\$	\$
<i>Transfer TOTAL (from other page(s))</i>					\$	\$	\$
TOTAL					\$	\$	\$

▶ **Please make additional copies of this form as needed.**

For tax assistance, visit <http://dor.wa.gov> or call 1-800-647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.