

## King County Department of Assessments 201 S Jackson Street Seattle, WA 98104 Phone: (206) 296-5126

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Assessor

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## **NEW BUSINESS PERSONAL PROPERTY ACCOUNT SETUP**

☐ Check this box if this is a new account based of	on a startup business			
☐ Check this box if this is a new account based	on a purchase of an ex	kisting bu	usiness o	r a new account
based on a business moving to a different loc				cable)
Former owner name:				
Former business name:				
Former location address:				
Taxpayer Information				
Taxpayer name:	Attent	tion:		
Mailing address:				
City:			State:	Zip:
Cita Information				
Site Information				
Business name:				
Physical address:		CL.L.	14/4	
City:Phone number: ()	Farail.	State: _	WA	_ Zip:
Phone number: ()	Email:			
NAICS or business description:	☐ Check	this box	to receiv	e listings via emai
UBI number:	Date opened:			_
Legal entity (please mark one) ☐ Corporation out				
$\square$ Other (including LLC, LLP, etc) $\square$ Sole proprie	•	•		ident?
☐ Widow or widower? ☐ Over 65 residing in W	/ashington for at least	10 years	5?	
Developed Dremouty Lieting				
Personal Property Listing				
Owned business assets (please attach additional	pages if necessary)			
Supplies (monthly cost):	Acquisition Voor	Origina	ol Cost Is	valudina salas tav)
Description	Acquisition Year			
☐ Check here if you own the building where the				
If you own the building, do not report leaseho		nts		
Real property parcel number (if known):				
Leasehold/tenant improvements (please attach a				
Description	Acquisition Year	Origina	al Cost (ir	ncluding sales tax)
<b>Preparer Information</b>				
Name:Phone number: ()	Email:			