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| Spokane County Personal Property  NEW BUSINESS REGISTRATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete and return the entire listing by April 30th to avoid a penalty. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please return to 1116 W Broadway Ave  Spokane, WA 99260 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Business Contact Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Business Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| Attention: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| Mailing Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| City, State, Zip | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Physical Location: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| City: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| Phone: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| Business/Owner E-mail: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **2. Head of Family Exemption:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Corporation (Not eligible for the Head of Household Exemption, please proceed to box 3). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | LLC/Limited Liability Corp. (Not eligible for the Head of Household Exemption, please proceed to box 3). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Partnership (Not eligible for the Head of Household Exemption, please proceed to box 3). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Sole Proprietorship (Please complete section 2A). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Other (Explain) | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **2a. Qualifications for the Head of Family Exemption:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| The exemption for the head of family applies only to individuals; it does not apply to entities such as corporations, limited liability companies, or partnerships. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are you the head of a family? | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | |  | No | |
| 2. Are you a citizen of the United States, over the age of sixty-five years, who has resided in  The State of Washington continuously for ten years? | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | |  | No | |
| 3. Are you a widow or widower? | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | |  | No | |
| 4. Are you currently claiming or receiving this exemption on any other form or in any other  County in Washington State? | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | |  | No | |
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| **3. Preparer’s Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Preparer’s Name: | | | |  | | | | | | | | | Title: | | | | |  | | | | | | | | | | | |  | |
| Phone Number: | | | |  | | | | | Email: |  | | | | | | | | | | | | | | | | | | | |  | |
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| **4. Building Improvements/Leasehold Improvements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please describe in enough detail to help us determine if the improvements should be valued as personal or real property. This will help prevent double assessments of improvements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Description of the Improvement | | | | | | | | | | Year Acquired | | | | | Cost | | | | | Credit/Allowances from Lessor | | | | | | | | | |  |
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| (Attach additional sheets if needed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5. Leased Property** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you lease, rent, or borrow equipment from others? | | | | | | | | | | | |  | | No | | |  | | Yes, please list equipment below. | | | | | | | | | | | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | Lease Dates | | | | | | | |  |
|  | Lessor Name | | | | | Lease  Number | | Asset Description | | | | | | | | | | | | Total Purchase Price | | | Start of Lease | | | | | End of Lease | | |  |
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| (Attach additional sheets if needed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6. Non – Inventory Supplies:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Supplies & Materials that do not become ingredients or components of articles produced for sale are assessable as personal property and MUST BE REPORTED. Examples of consumable supplies include but are not limited to office, shop and maintenance supplies, medical and dental supplies, retail packaging and merchandising materials (shopping bags, etc.). Do not include inventory held strictly for resale. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Total amount spent on consumable supplies previous year: | | | | | | | | | | | | | | $ |  | | | | | | |  | | | | | | | | |  |
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| Total amount spent on tools and spare parts previous year: | | | | | | | | | | | | | | $ |  | | | | | | |  | | | | | | | | |  |
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| **7. Additions as of January 11st  of the Previous Year:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Asset # | | | Asset Description | | | | | | | | | | | | | | | | Year Acquired | | | | Original Cost | | | | | | |  |
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| **7. (*Continued*) Additions as of January 1st of the Previous Year:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Asset # | | | Asset Description | | | | | | | | | | | | | | | | Year Acquired | | | | Original Cost | | | | | | |  |
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