



Aircraft Prototype Refund

Request for Refund of Sales or Use Tax Paid

To request a refund of sales or use tax paid, complete and send this form to the Department of Revenue at the address listed below.

- ▶ Refunds apply to sales of tangible personal property incorporated into a prototype for aircraft parts, auxiliary equipment, or modifications; or to sales of tangible personal property that at one time is incorporated into the prototype but is later destroyed in the testing or development of the prototype. (Please see RCW 82.08.02566 and 82.12.02566)
- ▶ Refunds do not apply to sales to any person whose total taxable amount exceeds \$20 million during the immediately preceding calendar year.
- ▶ State and local taxes for which an exemption is received under RCW 82.08.02566 and 82.12.02566 must not exceed \$100,000 for any person during any calendar year.

Date _____

Company Name _____

Account ID _____

Street Address _____

Contact Person _____

City, State, Zip _____

Phone Number _____

▶ Did a Department audit cover any period of this request? ☐ Yes ☐ No

▶ Please list EACH YEAR on a separate form. Make copies as needed for EACH YEAR.

▶ Please enter refund amounts requested this calendar year to date. _____

Date of Purchase	Invoice Number	Vendor	Vendor Address (street, city and state)	Purchase Price	Sales Tax Paid	Use Tax Reported	Month/Yr Use Tax Reported
				\$	\$	\$	
TOTAL (page 1)				\$	\$	\$	

▶ If more space is required, see page 2.

I certify that sales tax was paid to the seller, or use tax was paid on our Excise Tax Returns for the purchases listed. I further certify that since this refund is being requested directly from the Department of Revenue, a refund request will not be made to the equipment vendor/seller.

Name _____ Signature _____ Date ____/____/____



Return to: Department of Revenue

PO Box 47474

Olympia WA 98504-7474

If you have any questions, please call 360-705-6705.

Aircraft Prototype Refund (Continued)
Request for Refund of Sales or Use Tax Paid

Company Name _____

Account ID _____

Date of Purchase	Invoice Number	Vendor	Vendor Address (street, city and state)	Purchase Price	Sales Tax Paid	Use Tax Reported	Month/Yr Use Tax Reported
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
▶ Please make additional copies of this form as needed. SUBTOTAL (this page)				\$	\$	\$	
Transfer TOTAL (from other page(s))				\$	\$	\$	
TOTAL				\$	\$	\$	

To receive this document in an alternate format, please call 360-705-6705. Teletype (TTY) users may use the Washington Relay Service by calling 711.