



CERTIFICATE OF HOLDER

1. Holder Number or FEIN

2. Holder (Required)
Holder Name
C/O or Attention
Mailing Address
City, State, Zip
()
Phone Number

3. Verified Legal Claimant Information
Claimant Name (if different)
C/O or Attention
Mailing Address
City, State, Zip

4. Claim Information			
Reported Owner's Name	ID Number	Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Amount Received	Year Reported	Property Type	Aggregate

5. Payment Options (Required)
<input type="checkbox"/> Holder Repaid Owner (See instructions on back) <input type="checkbox"/> Reported in Error (See instructions on back)
<input type="checkbox"/> Make Check Payable to the Holder for the Benefit of the Claimant(s). (Documentation required) <input type="checkbox"/> Reimburse the Claimant

6. Holder Declaration and Notary:	
I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
Date and Place	
Signature and Title	
Subscribed and sworn to before me this _____ day of _____, 20 _____	
Notary Public (print name)	Notary Public (signature)
Residing at	Commission Expires

INSTRUCTIONS

1. **Holder Number or FEIN:** Provide holder number. If unknown provide FEIN.
2. **Holder Information:** Provide the holder's name, C/O or attention, the mailing address, and the holder's phone number.
3. **Verified Legal Claimant Information:** Provide the claimants' name (if different from the owner's name), any "attention to" or "in care of", and the mailing address for the claimant (address to which refund should be mailed).
4. **Claim Information:** Please provide us with the dollar amount reported for this owner, the year reported (and sequence number if more than one report was sent for that year), the identification number, property type, and whether it was reported as an aggregate.
5. **Payment Options:**
 - Holder Repaid Owner:**
Complete the Certificate of Holder as indicated above, except in section 3, enter the reported owner's name and for claimant write "Same as Holder". Include proof of repayment (positive owner contact) which may be a photo copy of the front and back of a canceled check, or a statement signed by the claimant acknowledging repayment.
 - Reported in Error:**
Complete the Certificate of Holder as indicated above, except in section 3, enter the owner's name then for claimant write "Same as Holder". Include a detailed explanation and any documentation justifying why this was an error.
 - Reimburse the Claimant:**
Complete the Certificate of Holder as indicated above, include any documentation.
6. **Holder's Declaration and Notary:** Please sign, date and have your signature notarized.

For assistance visit ucp.dor.wa.gov or call 1-800-435-2429. To inquire about the availability of this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users please may use the Washington Relay Service by calling 711.