Department of Revenue
Washington State

Renewable Energy System Cost Recovery
Annual Incentive Payment Application

Fiscal year: July 1, 20__ - June 30, 20__.

Reset This Form

First, contact the utility serving your property to confirm it is participating in this program and to receive its application procedures for this incentive payment.

Due to your light and power business by August 1.

DOR Tax Reporting Number (TRN): _____

Light and Power Company Account No: _____

Customer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____

Address of Renewable Energy System:
(If different from address above) _____

City: _____ State: _____ Zip Code: _____

Date of the letter, from the Department of Revenue, certifying that your renewable energy system is eligible for the incentive payment. _____ (Please attach a copy of the letter.)

Amount of kilowatt-hours generated by the renewable energy system for fiscal year ending June 30, 20___.

Customer-generated power applicable rates	**Base rate (0.15) multiplied by applicable factor, equals incentive payment rate**	**Kilowatt-hours generated**	**Incentive payment amount equals incentive payment rate multiplied by kilowatt-hours generated** **Total may not exceed $2,000**
Solar modules manufactured in Washington State **Factor: 2.4** (two and four-tenths)	$0.36		
Solar or wind generating equipment with an inverter manufactured in Washington State **Factor: 1.2** (one and two-tenths)	$0.18		
Anaerobic digester or other solar equipment or wind generator equipped with blades manufactured in Washington State **Factor: 1.0** (one)	$0.15		
All other electricity produced by wind **Factor: 0.8** (eight-tenths)	$0.12		

I acknowledge that my renewable energy system:

- Has been operable throughout the fiscal period, from _____ (date) to _____ (date).
- Will have reasonable access for my light and power business. Allowing them to read my electric production meter in order to calculate the kilowatt-hours generated during the prior fiscal year beginning July 1 and ending on June 30.

I understand that this information is provided to the Department of Revenue in determining whether the light and power business correctly calculates its credit allowed for customer incentive payments and that my statements are true, complete, and correct to the best of my knowledge and belief under penalty of perjury.

Signature: _____ Date: _____

For tax assistance, visit http://dor.wa.gov or 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.

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