

# MOTOR VEHICLE USAGE TAX MULTI-PURPOSE FORM

## SECTION A

Date\_\_\_\_\_

Vehicle Identification Number (VIN), Title or Plate Number\_\_\_\_\_

Registration County\_\_\_\_\_ Make\_\_\_\_\_

Model\_\_\_\_\_

Registration Applicant's Name\_\_\_\_\_ Year\_\_\_\_\_

## SECTION B

**E  
X  
E  
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Y  
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E**

### EXEMPTION CLAIMED PER KRS 138.470

- |  |  |
|--|--|
| <input type="checkbox"/> Charitable/Education Organization | <input type="checkbox"/> Military Exempt*      |
| <input type="checkbox"/> Corporation/Proprietorship (LLC)* | <input type="checkbox"/> Name Change           |
| <input type="checkbox"/> Corporation/Subsidiary (LLC)*     | <input type="checkbox"/> Parent/Child          |
| <input type="checkbox"/> Court Order/Will*                 | <input type="checkbox"/> Redeemed Repossession |
| <input type="checkbox"/> Dealer Registration               | <input type="checkbox"/> Repossession*         |
| <input type="checkbox"/> Grandparent/Grandchild            | <input type="checkbox"/> State Government      |
| <input type="checkbox"/> Husband/Wife                      | <input type="checkbox"/> Stepparent/Stepchild  |
| <input type="checkbox"/> Local Government                  | <input type="checkbox"/> U.S. Government       |

*\*Documentation must be provided for Corporation/Proprietorship (LLC), Corporation/Subsidiary (LLC), Court Order/Will, Military Exempt, Repossession.*

**R  
E  
L  
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N**

I, \_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_.  
(Name) (Relationship) (Name)

I, \_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_.  
(Name) (Relationship) (Name)

I, \_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_.  
(Name) (Relationship) (Name)

I, \_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_.  
(Name) (Relationship) (Name)

## SECTION C

**N  
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S  
E  
R  
V  
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C  
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N**

Under penalties of perjury, I \_\_\_\_\_, \_\_\_\_\_,  
(Name) (Grade)

\_\_\_\_\_, declare that I am a resident of \_\_\_\_\_ and am  
(Service Number)

stationed in Kentucky at \_\_\_\_\_ on active military duty under orders of the United States  
(Military Base)

Government.

\_\_\_\_\_  
(Signature of Serviceperson Claiming Exemption) (Date)

*(Applicable to vehicles purchased from Kentucky dealers only.)  
Copy of Current Leave Earning Statement Must be Attached*

Is vehicle modified or converted?  Yes  No

(If yes, Section D must be completed.)

**SECTION D**

M  
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D  
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F  
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D  
  
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R  
  
C  
O  
N  
V  
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R  
T  
E  
D

**KRS 190.990(5) provides that any person who willfully and fraudulently submits a false statement as to the total and actual consideration paid for a motor vehicle is guilty of a Class D felony and subject to a fine of not less than \$2,000 per offense.**

Owners of one ton trucks or larger, vans and modified vehicles must complete this section if not using Form 71A1000. This form will not be accepted without proper documentation (contract, bill of sale, front and back of cancelled check, etc.) *When using this form, taxable value of the modified, customized or converted vehicle shall be less than the retail value shown in the price reference manual for the vehicle without the modification.*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Ambulance/Hearse          | <input type="checkbox"/> Drill Body/Winch | <input type="checkbox"/> Stake/Flatbed     |
| <input type="checkbox"/> Box Added                 | <input type="checkbox"/> Dump/Mixer       | <input type="checkbox"/> Tank/Sprayer      |
| <input type="checkbox"/> Bucket/Lift/Cherry Picker | <input type="checkbox"/> Limousine        | <input type="checkbox"/> Wrecker/Tow Truck |
| <input type="checkbox"/> Bus                       | <input type="checkbox"/> Packer/Garbage   | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Custom Truck/Van          | <input type="checkbox"/> Rollback         |  |

If "Other," specify \_\_\_\_\_  
\_\_\_\_\_

**SECTION E**

H  
A  
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D  
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C  
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P  
P  
E  
D

The portion of the retail price attributable to equipment or adaptive devices placed on new motor vehicles to facilitate or accomodate handicapped persons is exempt from motor vehicle usage tax. Documentation of amount paid for such equipment or adaptive devices must be submitted with this certification.

Price Without Trade or Before Trade \$ \_\_\_\_\_

Portion of Price Attributable to Handicapped Equipment or Adaptive Devices \$ \_\_\_\_\_

S  
I  
G  
N  
A  
T  
U  
R  
E

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Please Note: For those vehicles whose values are not found in the price reference manuals provided to each county clerk's office, contact the Motor Vehicle Usage Tax Section at (502) 564-4455.**