## KENTUCKY TRANSPORTATION CABINET



Department of Vehicle Regulation

**DIVISION OF MOTOR CARRIERS**

**AMENDMENT QUESTIONNAIRE KYU/KIT/IFTA**

## TC 95‐617 05/2018

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#### MAIL TO:

Kentucky Transportation Cabinet Division of Motor Carriers

PO Box 2004

Frankfort, KY 40602‐2004

Phone: (502)564‐1257

drive.ky.gov

#### OVERNIGHT DELIVERIES:

Kentucky Transportation Cabinet Division of Motor Carriers 200 Mero Street, 2nd floor

Frankfort, KY 40622

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| --- | --- | --- | --- | --- |
| Name of Business  Location of Business  Instructions | ( | | ) | |
| Enter Exact Name as it Appears on Your License | Telephone Number | | |
|  | | | |
|  | | | |
| P O Box or Number & Street City or Town State | | | ZIP Code |
| 1. KYU/KIT/IFTA number under which tax was paid to the Kentucky State Treasurer. 2. Period(s) in which tax was reported and paid.   (*List all quarters if more than one period is reported.*)   1. Amount due after amended 2. Amount of refund after amended 3. List all VIN(s) (Vehicle Identification Number(s) with a breakdown of miles, if more than one, affecting amended return: (*Attach separate sheet if necessary*.) 4. Explain in detail the reason(s) for amendment. Attach proof of payment. (*Attach separate sheet if necessary.)*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| This application **must be completed** in order for consideration to be given to the amendment request.  1. Mail completed application to the Department of Transportation, Division of Motor Carriers, PO Box 2004, Frankfort, Kentucky 40602. | | | |

I, the undersigned, declare under the penalties of perjury that I have examined this application (including any attached schedules) and to the best of my knowledge and belief, the statements contained herein are true, complete and correct, and that I am duly authorized to sign this application. It is understood that the books and records supporting this refund application must be maintained for a period of four years from the date the refund is issued and are subject to audit at the discretion of the Kentucky Transportation Cabinet. The undersigned certifies that no tax liability of any kind is due or owing the Commonwealth of Kentucky by this applicant.

## Signed Title

Name Date

**Keep a copy for your records**