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| | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **DBA NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **FEIN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | --- | --- | | |  | | --- | | Enter actual mileage for all jurisdictions in which you traveled during the current **reporting period**:July 1, 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | to | | | June 30, | | | | 20 | |  | | | | . | | |  |  |  | | --- | --- | --- | |  | I have no mileage to report for the current reporting period. |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Jurisdiction** | | | | | | | | **Actual Miles** | | | | | | | | | | | **Jurisdiction** | | | | | | | | **Actual Miles** | | | | | | | | **Jurisdiction** | | | | | | | | | | | | **Actual Miles** | | | | | | | | | | | | | **Jurisdiction** | | | | | | | | | | **Actual Miles** | | | | | | | | | | | |  | | | | |  | | AB | | | | | | | |  | | | | | | | | | | | KS | | | | | | | |  | | | | | | | | NH | | | | | | | | | | | |  | | | | | | | | | | | | | TN | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | AL | | | | | | | |  | | | | | | | | | | | KY | | | | | | | |  | | | | | | | | NJ | | | | | | | | | | | |  | | | | | | | | | | | | | TX | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | AR | | | | | | | |  | | | | | | | | | | | LA | | | | | | | |  | | | | | | | | NL | | | | | | | | | | | |  | | | | | | | | | | | | | UT | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | AZ | | | | | | | |  | | | | | | | | | | | MA | | | | | | | |  | | | | | | | | NM | | | | | | | | | | | |  | | | | | | | | | | | | | VA | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | BC | | | | | | | |  | | | | | | | | | | | MB | | | | | | | |  | | | | | | | | NS | | | | | | | | | | | |  | | | | | | | | | | | | | VT | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | CA | | | | | | | |  | | | | | | | | | | | MD | | | | | | | |  | | | | | | | | NV | | | | | | | | | | | |  | | | | | | | | | | | | | WA | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | CO | | | | | | | |  | | | | | | | | | | | ME | | | | | | | |  | | | | | | | | NY | | | | | | | | | | | |  | | | | | | | | | | | | | WI | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | CT | | | | | | | |  | | | | | | | | | | | MI | | | | | | | |  | | | | | | | | OH | | | | | | | | | | | |  | | | | | | | | | | | | | WV | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | DC | | | | | | | |  | | | | | | | | | | | MN | | | | | | | |  | | | | | | | | OR | | | | | | | | | | | |  | | | | | | | | | | | | | WY | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | DE | | | | | | | |  | | | | | | | | | | | MO | | | | | | | |  | | | | | | | | PA | | | | | | | | | | | |  | | | | | | | | | | | | | AK | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | FL | | | | | | | |  | | | | | | | | | | | MS | | | | | | | |  | | | | | | | | QE | | | | | | | | | | | |  | | | | | | | | | | | | | MX | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | GA | | | | | | | |  | | | | | | | | | | | MT | | | | | | | |  | | | | | | | | QC | | | | | | | | | | | |  | | | | | | | | | | | | | PE | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | IA | | | | | | | |  | | | | | | | | | | | NB | | | | | | | |  | | | | | | | | RI | | | | | | | | | | | |  | | | | | | | | | | | | | YK | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | ID | | | | | | | |  | | | | | | | | | | | NC | | | | | | | |  | | | | | | | | SC | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | IL | | | | | | | |  | | | | | | | | | | | ND | | | | | | | |  | | | | | | | | SD | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | IN | | | | | | | |  | | | | | | | | | | | NE | | | | | | | |  | | | | | | | | SK | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | Total miles traveled: | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | |  | | |  | | | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | |  | | |  | | | | | **DECLARATION:** Under penalties of perjury, I declare that, as the applicant or preparer, I have examined this return, including accompanying forms and statements, and to the best of my knowledge and belief, it is true, correct, and complete. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Signed: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | DATE: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  |  | |  | | | |  | |  | | |  | |  | | |  | | |  | | |  | |  | | |  | | |  | |  | |  | | |  | | |  | | |  | |  | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | | | **Email completed application and required documents to: KYTCIRPApportionedRegistration@ky.gov** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Any registrant whose application for IRP Apportioned Registration has been accepted shall preserve the records on which the application is based for a period of three (3) years after the close of the registration year. Such records shall be made available to the state upon request, for audit as to the accuracy of computation, payments, and assessments for deficiencies or allowances for credit, during the normal business hour of the day.  The Kentucky IRP Instruction Manual provides guidance on the type of records that are required or acceptable under the IRP. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | |  | | |  | |  | |  | | | |  | | |  | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | |  | | | |  | | |  | |  | | |  | | |  | | |  | |  | |  | | | |  | | |  | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | |  | | | |  | | |  | |  | | |  | | |  | | |  | |  | |  | | | |  | | |  | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | |  | | | |  | | |