



KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation
DIVISION OF MOTOR CARRIERS

AMENDMENT QUESTIONNAIRE KYU/KIT/IFTA

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

Name of Business ( ) Telephone Number
Enter Exact Name as it Appears on Your License

Location of Business 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.
(3) Amount due after amended
(4) Amount of refund after amended
(5) List all VIN(s) (Vehicle Identification Number(s) with a breakdown of miles, if more than one, affecting amended return:
(6) Explain in detail the reason(s) for amendment. Attach proof of payment.

- Instructions (1) This application must be completed in order for consideration to be given to the amendment request.
(2) 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 \_\_\_\_\_