

KENTUCKY TRANSPORTATION CABINET Department of Vehicle Regulation DIVISION OF MOTOR CARRIERS

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AMENDMENT QUESTIONNAIRE KYU/KIT/IFTA

MAIL TO: Kentucky Transportation Cabinet Division of Motor Carriers PO Box 2004 Frankfort, KY 40602-2004		Carriers 4	Phone: (502)564-1257 <u>drive.ky.gov</u>	OVERNIGHT DELIVERIES: Kentucky Transportation Cabinet Division of Motor Carriers 200 Mero Street, 2 nd floor Frankfort, KY 40622
Name of	VI 4000	2 2004		
Business				()
Dasiness	Enter Exact Name as it Appears on Your License			Telephone Number
Location of				
Business				
Dasiness	POB	ox or Number & Stre	et City or Tow	n 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.)			
	(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: (Attach separate sheet if necessary.)			
	(6)	Explain in detail the r	reason(s) for amendment. Attach pro	oof of payment. (Attach separate sheet if
 (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	_
Keep a copy for your records				