



KENTUCKY TRANSPORTATION CABINET
Department of Vehicle Regulation
DIVISION OF MOTOR CARRIERS

TC 95-640

5/2018

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TAX OVERPAYMENT/CREDIT REFUND APPLICATION

MAIL TO:
Kentucky Transportation Cabinet
Division of Motor Carriers
PO Box 2004
Frankfort, KY 40602-2004

Phone:(502)564-1257
Fax: (502)696-3900
Email: refund.dmc@ky.gov
Website: Drive.Ky.Gov

SECTION 1: INSTRUCTIONS

- (a) This refund application must be completed in full and signed in order for consideration to be given to the refund request. Substitutions will not be accepted, nor will they preserve your rights to a refund.
- (b) This application could take up to 90 days to process.
- (c) Mail completed application and documentation to the Kentucky Transportation Cabinet, Division of Motor Carriers, PO Box 2004, Frankfort, Kentucky 40602.
- (d) Application may be emailed to: refund.dmc@ky.gov (If e-mailed, you do not have to mail in application.)

SECTION 2: COMPANY INFORMATION

COMPANY NAME

ADDRESS

CITY

STATE

ZIP

PERSON COMPLETING FORM (*Print*)

PHONE

SECTION 3: REFUND INFORMATION

LICENSE(S) OR DOT NUMBER

AMOUNT OF CREDIT REFUND REQUESTED

IS COMPANY CURRENTLY IN BUSINESS?

Yes No

SECTION 4: SIGNATURE

All refund requests are subject to audit at any time (KRS 138.705) and may be subject to an offset of tax liability pursuant to KRS 138.727. Failure to comply with the instructions, regulations, and statutes regarding this application, or failure to properly complete this application may result in the disallowance of the refund, a delay in processing, or a reduction in the amount requested. If an audit reveals that an overpayment has been made as a result of an incorrect application, the applicant will be required to repay the amount overpaid, plus interest and penalty.

I, the undersigned, declare under the penalties of perjury that I have examined this application 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.

NAME (*Print*)

TITLE

OWNER OR AUTHORIZED SIGNATURE

DATE

Keep a copy for your records.

Overnight delivery services: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622