62A044 (02-2024) Commonwealth of Kentucky **DEPARTMENT OF REVENUE** 

## AFFIDAVIT FOR CORRECTION/EXONERATION OF MOTOR VEHICLE/BOAT/TRAILER PROPERTY TAX



| Owr     | ner  |   | Telephone No. ( )                            |                                      |  |
|---------|--|---|--|--------------------------------------|--|
| Address |  | State   | State ZIP Code                               |                                      |  |
| Lice    | ense Plate/KY No.  | VIN/HIN   |  |                                      |  |
| Yea     | r Make   |   | Model  |                                      |  |
|         | Vehicle was sold in state prior to January 1,  | to:   |  |                                      |  |
|         | Date sold City So  |   |  |                                      |  |
|         | Vehicle was sold out-of-state prior to January 1,  |   |  |                                      |  |
|         | Date sold City, S  |   |  |                                      |  |
|         | Vehicle was in junkyard prior to January 1,  |   |  |                                      |  |
|         | Date junked*   |   |  |                                      |  |
|         | Vehicle wrecked and settled with insurance compan  | y prior to January  | 1,   |                                      |  |
|         | Settlement date  |   |  |                                      |  |
|         | * I understand that if this vehicle/boat has been junked and the tag and title have  | e not been returned to the c  | ounty clerk's office and I do not have these | e items in my possession that I must |  |
|         | contact the derk.  Vehicle repossessed by lienholder prior to January 1  | 1   |  |                                      |  |
|         | Date repossessed   |   |  |                                      |  |
|         | Nonresident of Kentucky on January 1, (Cop   |   |  |                                      |  |
|         | Date moved Date re   |   |  |                                      |  |
|         | Nonresident military personnel (Copy of military residential affidavit or wage/earning statement showing another state as residency required.)(Code N) |   |  |                                      |  |
|         | Apportioned Plate (Code N)   |   |  |                                      |  |
|         | ☐Truck ☐Reg. Code 21 or 33 ☐Plate:   | # 979   |  |                                      |  |
|         |  | ☐Trailer (Copy of proof provided) ☐ IFTA license ☐ Login sheet or book ☐ Cab card ☐ Lease Agreement |  |                                      |  |
|         |  |   |  |                                      |  |
|         | Damaged (physically or mechanically) prior to January 1, (Description attached.)   |   |  |                                      |  |
|         |  |   |  |                                      |  |
| _       | □Corporate return IRS Form 4562(depreciation s   | schedule)   |  |                                      |  |
| _       |  |   |  |                                      |  |
|         | Vehicle Assessment NOT Updated:** Reason   |   |  | <del></del>                          |  |
| ** 1.   | n accordance with KRS 131.110 the assessment shall be  | due and navable if  |  | Donortmont within civity             |  |
| 60) d   | days from the date of the notice and provide documentation se  | etting forth the ground   | Is upon which the protest is made            | de.                                  |  |
| ,       |  |   | nder penalty of perjury that                 |                                      |  |
|         | and correct. I further request that the property taxes essment date(s) of January 1,   | s on the above lis  | ted vehicle should be corre                  | cted/exonerated for the              |  |
| 4330    |  |   |  |                                      |  |
| Sigr    | nature Date _  |   |  |                                      |  |
| Witr    | ness County  | /   | Date   |                                      |  |
| It is   | now ordered, under the authority of Kentucky Revised Sta<br>artment of Revenue policy based on information listed abov                                 | atutes 133.110 and 1  |  |                                      |  |
|         | Signature of Authorized Agent  | County  |  | Date                                 |  |
| 7 -     | The above signature authorizes the clerk to reverse the  | •   | if naid) from the system. Th                 |                                      |  |
| _ 1     | the above signature adminitres the cierk to reverse th   | ie au vaidieili lax (   | n vaigi nom me system. I H                   | C E VA UNICE SHAN                    |  |

correct the tax segment and inform the clerk of the next step.

\* Signatures may be inserted by : (1) a live signature on a printed form, or (2) a typed name preceded with a /s/ to identify it as an electronic signature.