71A101 (05-16) Commonwealth of Kentucky **DEPARTMENT OF REVENUE**

MOTOR VEHICLE USAGETAX MULTI-PURPOSE FORM



SE	CTION A			Date				
Pla	te Number		Title Number					
Veł	nicle Identification I	Number (VIN)						
Reg	gistration County _		Year	Make	Model			
Reg	gistration Applicant	's Name						
		(Signature required in a	pplicable section of form	for proper completion.)				
epart				omplete or requested doc applicable penalty and i	cumentation is not submitt nterest.			
SE	CTION B							
		□ (Sten) Parent/(St	ep) Child 🏻 Gran	dnarent/Grandchild				
	орошолорошо в	– (Otop) (a.o., (Ot	op, omia – Gran					
				•				
Ι,	(Printed Name)	(Signature)	, am the	(Relationship) of	(Name)			
1.			. am the	of				
.,	(Printed Name)	(Signature)	, , a a a a	(Relationship)	(Name)			
l, _			, am the	(Relationship)				
	(Printed Name)	(Signature)		(Relationship)	(Name)			
l, _	(Printed Name)	(Signature)	, am the	(Relationship) of	(Name)			
	All Pe	ersons Involved in a	Multi-line Transfer l	Must be Kentucky Res	idents.			
SE	CTION C							
Un	der penalties of per	riury I						
011	dei pendines oi pei		(Name)	,	(Grade)			
	(Service Number)	, and am sta	itioned in Kentucky	at(Military Ba	on active			
mil	itary duty under or	ders of the United S	States Government.	, <i>,</i>	,			
	l Kentucky Resident							
	Documentation showing duty in the Commonwealth under U. S. Government orders must be attached							
_	Copy of Current Leave Earning Statement (less than 120 days old) must be attached.							
		-						
	(Signature of Son	riceperson Claiming Exer	mntion)	(Date	<u>.,,</u>			
	(Orginature of Serv	Tooperson Claiming Like	πραστη	(Date	'1			

	less than \$2,000 per offense.						
	SECTION D						
M	Complete this section for all transactions involving modified vehicles and those to which major equipment has been added, if not using Form 71A100 and or TC 96-182. This form will not be accepted without proper documentation (contract, bill of sale, front and back of cancelled check, etc.).						
O D I F	When using this form, taxable value of the modified, customized or converted vehicle shall not be less than the retail value shown in the price reference manual for the vehicle without the modification.						
I E D	☐ Box/Flatbed☐ Tank/Sprayer☐ Packer/Garbage☐ Custom Truck/Van		Bus/Limousine Bucket/Lift/Cherry Picker Drill Body/Winch Ambulance/Hearse				
R	☐ Dump/Mixer☐ Wrecker/Rollback		Other*				
C O N	Purchase Price \$						
V	If "Other," specify	Revenue Code Number					
E R T E D	*Those vehicles not listed in the prescribed reference manual, and those not modified, customized or converted, must have a Revenue Code Number accompanying this form.						
	(Signature of Person Claiming Exemption	(Date)					
	SECTION E						
H A E N Q D U	facilitate or accommodate handicapped pe amount paid for such equipment or adaption	ment or adaptive devices placed on new motor vehicles to s exempt from motor vehicle usage tax. Documentation of ses must be submitted with this certification.					
C P A M	Price Without Trade or Before Trade \$						
P E P N E T	Portion of Price Attributable to Handicapped Equipment or Adaptive Devices \$						
D							

KRS 190.990(5) provides that any person who willfully and fraudulently submits a false statement as to the total and actual consideration paid for a motor vehicle is guilty of a Class D felony and subject to a fine of not

Please Note: For those vehicles whose values are not found in the prescribed price reference manuals, contact the Motor Vehicle Usage Tax Section at (502) 564-4455.

(Date)

(Signature of Person Claiming Exemption)