71A101 (01-26)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

MOTOR VEHICLE USAGE TAX MULTI-PURPOSE FORM

TEAM KENTUCKY
FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
KYDOR

SECTION A

Date: _____

Plate Number: _____ Title Number: _____

Vehicle Identification Number (VIN): _____

Registration County: _____ Year: _____ Make: _____ Model: _____

Registration Applicant's Name: _____

(Signature required in applicable section of form for proper completion)

The Department of Revenue may deny the exemption claimed if the form is incomplete or requested documentation is not submitted. Applicant(s) will be liable for any additional tax, plus applicable penalty and interest.

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 less than $2,000 per offense.

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.

SECTION B

MILITARY

Under penalities of perjury, _____ (Name) , _____ (Grade) ,

_____ (Service Number) and am stationed in Kentucky at _____ (Military Base) on active military duty under orders of the United States Government.

☐ Kentucky Resident
Documentation showing duty in the Commonwealth under U.S. Government orders must be attached.

☐ Non-Resident Military
Copy of current Leave Earning Statement (less than 120 days old) must be attached.

_____ _____
Signature of Service Person Claiming Exemption Date

(Applicable to military personnel stationed in Kentucky who purchase a vehicle from Kentucky dealers only.)

SECTION C

HANDICAPPED EQUIPMENT

The portion of the retail price attributable to equipment or adaptive devices placed on new motor vehicles to facilitate or accommodate handicapped persons is exempt from motor vehicle usage tax. Documentation of amount paid for such equipment or adaptive devices must be submitted with this certification.

Price Without Trade or Before Trade: $ _____

Portion of Price Attributable to Handicapped Equipment or Adaptive Devices: $ _____

_____ _____
Signature of Person Claiming Exemption Date

SECTION D

FAMILY RELATIONSHIP

☐ Spouse / Spouse ☐ (Step) Parent / (Step) Child ☐ Grandparent / Grandchild

________________, is the ________________ of ________________________________
(Printed Name) (Relationship) (Printed Name) (Signature of Person Claiming the Exemption)

____
Attesting Official / Notary Signature Date

Subscribed and sworn to before me this __________ day of ________________ 20

________________, is the ________________ of ________________________________
(Printed Name) (Relationship) (Printed Name) (Signature of Person Claiming the Exemption)

____
Attesting Official / Notary Signature Date

Subscribed and sworn to before me this __________ day of ________________ 20

________________, is the ________________ of ________________________________
(Printed Name) (Relationship) (Printed Name) (Signature of Person Claiming the Exemption)

____
Attesting Official / Notary Signature Date

Subscribed and sworn to before me this __________ day of ________________ 20

________________, is the ________________ of ________________________________
(Printed Name) (Relationship) (Printed Name) (Signature of Person Claiming the Exemption)

____
Attesting Official / Notary Signature Date

Subscribed and sworn to before me this __________ day of ________________ 20

Vehicle must be titled in Kentucky on or after July 1, 2005, or previously registered in Kentucky. All persons involved in transfer must be living Kentucky residents.

SECTION E

MODIFIED OR CONVERTED

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 TC96-182. This form will not be accepted without proper documentation (contract, bill of sale, front and back of cancelled check, etc.).

*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.*

☐ Box/Flatbed ☐ Bus/Limousine ☐ Tank/Sprayer
☐ Bucket/Lift/Cherry Picker ☐ Packer/Garbage ☐ Drill Body/Winch
☐ Custom Truck/Van ☐ Ambulance/Hearse ☐ Dump / Mixer
☐ Other

Purchase Price: $ ________________________________

If “other”, specify: ________________ Revenue Code Number: ________________

***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