

62A500-L (10-00)

Commonwealth of Kentucky
REVENUE CABINET
Department of Property Valuation
Division of State Valuation
200 Fair Oaks Lane, Station 32
Frankfort, KY 40620



LESSEE TANGIBLE PERSONAL PROPERTY TAX RETURN

(For Informational Purposes Only)

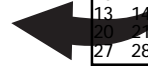
Property Assessed January 1, 2001

FOR OFFICIAL USE ONLY	
County Code	Locator Number
T	/

MAY 2001						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Due Date:
Tuesday
May 15, 2001

15



Social Security No. or Federal ID No.	Name of Business	
	Name of Lessee	Telephone Number ()
2nd SSN if joint return	Number and Street or Rural Route	
	City or Town	State ZIP Code
Property is located in County	Property Location (Number and Street or Rural Route, City)	

Any person or business entity leasing tangible personal property from others on January 1 is required to file this return on or before **May 15, 2001**. **DO NOT** complete this form if you have included the leased property on your Form 62A500. Attach additional schedules if necessary. *Note: Lessees who have property in more than one location must complete a separate form for each location.*

Lessor Information	Leased Equipment Information
Name _____ Mailing Address _____ City, State ZIP Code _____	Type of Equipment _____ Year _____ Model _____ Selling Price New \$ _____ Annual Rent \$ _____ Date of Lease _____ Length of Lease _____ Buy-out Price at the end of Lease \$ _____
For Official Use Only	
Name _____ Mailing Address _____ City, State ZIP Code _____	Type of Equipment _____ Year _____ Model _____ Selling Price New \$ _____ Annual Rent \$ _____ Date of Lease _____ Length of Lease _____ Buy-out Price at the end of Lease \$ _____
For Official Use Only	
Name _____ Mailing Address _____ City, State ZIP Code _____	Type of Equipment _____ Year _____ Model _____ Selling Price New \$ _____ Annual Rent \$ _____ Date of Lease _____ Length of Lease _____ Buy-out Price at the end of Lease \$ _____
For Official Use Only	

I declare, under the penalties of perjury, that this return (including any accompanying schedules and statements) is a correct and complete return; and that all property not owned by me but in my possession has been listed.

Signature of Lessee

Name of Preparer Other Than Lessee



Telephone Number of Lessee

Date