

**LICENSED GASOLINE DEALER'S  
 ESTIMATED TAX PAYMENT**

FOR DEPARTMENT USE ONLY			
___ / ___ / ___	5	4	___ / ___
Account Number	Tax	Mo.	Yr.



➤ *Type or print clearly.*

➤ *Complete all information.*

Name and Address of Dealer _____  Contact Person _____	License Number _____ Federal Employer ID Number _____ Estimated Tax for MM/YY _____ Telephone Number (     ) _____
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**INSTRUCTIONS**

Kentucky Revised Statute 138.240 provides that the Licensed Gasoline Dealer's Monthly Report shall be filed on or before the 25th day of the next succeeding calendar month following the month to which it relates. KRS 138.270 further provides that 95 percent of the report month's tax liability may be remitted by the 25th day of the month and the report filed on or before the last day of the month and the additional tax liability remitted with the report.

The month used to determine the estimated tax liability is the month for which you are requesting an extension.

1. Tax liability for the report month .....	\$	
2. Estimated tax (95% of line 1) (enter this amount on line 20, Form 72A089) .....	\$	
3. Less overpayment on last monthly report filed (attach copy of credit authorization) .....	\$	
4. Amount of payment (line 2 minus line 3) .....	\$	

**IMPORTANT NOTICE**

Make check payable to: KENTUCKY STATE TREASURER

Mail report and check to: KENTUCKY DEPARTMENT OF REVENUE, FRANKFORT, KENTUCKY 40619

**CERTIFICATION**

I hereby certify that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

_____	_____
Signature	Title
_____	_____
Print Name	Date