

**LICENSED
 SPECIAL FUELS DEALER'S
 ESTIMATED TAX PAYMENT**

FOR DEPARTMENT USE ONLY			
_____ / <u>5</u> / _____	_____ / <u>5</u> / _____	_____ / _____	_____ / _____
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 Special Fuels 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 22, Form 72A138)	\$	
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