61A211 (9-16)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

PUBLIC SERVICE COMPANY SCHEDULE OF OWNED AND/OR LEASED MOTOR VEHICLES WITH KENTUCKY SITUS as of January 1, 2017, assessment date



This information will be used by the Kentucky Department of Revenue, Office of Property Valuation, Public Service Branch, to ensure proper credit for motor vehicle assessed values on the taxpayer's 2017 tax year Notice of Assessment for Public Service Company. It may also be used by local property valuation administrators to ensure correct districting of the company's reported taxable vehicles with Kentucky situs.

Taxpayer's Name and Address

Mail on or before January 15, 2017 to:

Commonwealth of Kentucky
Department of Revenue
Office of Property Valuation
Public Service Branch
501 High Street, Fourth Floor, Station 32
Frankfort, Kentucky 40601-2103

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A.	Person Comple	eting Schedule		Title					
	Telephone Nur	mber							
B.		pany also file an IRP A	Apportioned Registration No.	on Application with the Kentuck	y Transportation Cabinet or with an				
	If yes, the company KYU number is Note that this Form 61A211 from the Public Service Branch should not be used to report your apportioned vehicle license plate numbers, but do report the KYU number, if applicable.								
C.		dumns 1 through 5 below, list owned and/or leased <i>regular</i> motor vehicles taxable through the county clerks' offices by nt plate number, vehicle identification number and the vehicle's year, make and model.							
D.	Indicate leased vehicles with (L) in column 3 below, if the lessee pays the property tax.								
E.	Please type or print clearly. If more space is needed, make copies or prepare a similar schedule								
	(1) Current Plate Year	(2) Current Plate Number	(3) If Leased (L)*	(4) Vehicle Identification Number	(5) Year/Make/Model				

^{*}See Item D.

Please type or print clearly. If more space is needed, make copies or prepare a similar schedule							
(1) Current Plate Year	(2) Current Plate Number	(3) If Leased (L)*	(4) Vehicle Identification Number	(5) Year/Make/Mode			

GNC:

Taxpayer Name

*See Item D.