73A070 (1-09)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

Kentucky UNBRIDLED SPIRIT

Motor Vehicle Usage Tax

Request for Extension of Reports, Deposit and/or ACH Call-in

Fax (502) 564-2906

County _____

Clerk Name _____

Address _____

Contact Person (Full Name) _____

Telephone # (___ ___ ___) ___ ___ ___ – ___ ___ ___ ___

Fax # (___ ___ ___) ___ ___ ___ – ___ ___ ___ ___

Week # _____

Date of Collection ___ ___ / ___ ___ / ___ ___ ___ ___

Amount of Collection $ _____ . ___

Date of Deposit ___ ___ / ___ ___ / ___ ___ ___ ___
(Date the extension is being requested for)

Date of ACH Call-in ___ ___ / ___ ___ / ___ ___ ___ ___
(Date the extension is being requested for)

Reason (Please be specific) _____