62A500-W (1-23)

Commonwealth of Kentucky **DEPARTMENT OF REVENUE**Station 32

AMENDED RETURN

Check box see page 7 for specific instructions on amended returns in 62A500 PDF form.

See pages 12 and 13 for a complete list of PVA mailing addresses in the full 62A500 form

Telephone Number

Email Address of Taxpayer

2023 TANGIBLE PERSONAL PROPERTY TAX RETURN

Property Assessed January 1, 2023

Forms filed on or before due date:
File the return with the PVA in the county of taxable situs.

(Documented Watercraft)

| FOR OFFICIAL USE ONLY | | | | | | | | | | |
|------------------------|---|--|--|--|--|--|--|--|--|--|
| County Code | Locator Number | | | | | | | | | |
| T / _ | | | | | | | | | | |
| Due Date: | MAY 2023 | | | | | | | | | |
| Monday May 15, 2023 | SMTWTFS | | | | | | | | | |
| , , | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 23 24 25 26 27 | | | | | | | | | |
| 15 | 14 15 16 17 18 19 20 23 24 25 26 27 29 30 31 | | | | | | | | | |
| | 29 00 01 | | | | | | | | | |

| Check applicable box and write in ☐ Federal ID No. or | | Name of Business | | | | | Organization | | Гуре |
|--|-----------------------------------|--|---|----------------------------|--------------|---------------------------|---------------------|-------------|-------|
| ☐ Soc | ial Security No. | Name of Taxpayer(s) Telephone Number | | | ☐ Individual | | 1 | | |
| 2nd SSN if joint return | | Melling Address | | |) | ☐ Joint (Co-Owners) | | 2 | |
| 2110 | 2 SSIV II JOINE PERMI | Mailing Address | | | | | ☐ Partnership/LLP 3 | | 3 |
| NAICS CODE | | City or Town State ZIP Code | | | | | Domestic Corp./ | | 4 |
| 1 | Type of Business | Property Location (Marina Name and Street Address)(Must List) REQUIRED | | | | | ☐ Foreign Corp./ | | 5 |
| Check if | applicable. Yes | Property is Located | | For Official Use Only | | | D 1 | | |
| Tangible personal property | | Return cannot h | District Code | | | ☐ Fiduciary—Bank | | 6 7 | |
| Final Retu | | with income tax | Type Return | Type Return | | | ☐ Fiduciary—Other | | |
| for each DO NO | location. Documente OT LIST DOMES | d watercraft us FIC COMM | ns. Taxpayers who have sed for hire or rented, sho ERCIAL WATERCRA fice of Property Valuation | ould be reported AFT ON TH | d on S | chedule C or with | the Public Ser | rvice Sec | tion |
| Line No. | Coast Guard Number | Vessel Name | Description (Year, Make, Model, Lengtl Beam, Motor Horse Power | | | Statement of General Cond | | | |
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| 41 | | | | | | | | | |
| 41 | | | | | | | | | |
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| 41 | | | | | | | | | |
| | able property has been | | eturn (including any accomp | | | | | return; and | l tha |
| * | Signature of Taxpayer | | Date | Name of Prepa | rer Othe | r Than Taxpayer | Date | | |

Telephone Number

Email Address of Preparer Other Than Taxpayer