73A070 (11-05)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

Motor Vehicle Usage Tax

Request for Extension of Deposit/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) _____

_____

_____

_____

_____

_____

_____

_____

_____

_____