

David "OZ" Osborne
Daviess County Clerk
P.O. Box 609
Owensboro, KY 42302-0609

2-1-2017

To

DUE TO AUDITING CHANGES PER KAR9:115 HEAVY VEHICLE USE TAX WE ARE NOW REQUIREI
TO SEE YOUR 2290 4 PART FORM FILED WITH THE IRS. THIS MUST BE THE ORIGINAL FOI
DOCUMENTS PER THE SAMPLE ATTACHED.

Heavy Highway Vehicle Use Tax Return

For the period July 1, 2015, through June 30, 2016

Keep a copy of this return for your records.

OMB No. 1545-0143

▶ Attach both copies of Schedule 1 to this return.
 ▶ Information about Form 2290 and its separate instructions is at www.irs.gov/form2290.

Type or Print	Name	Employer identification number <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Address (number, street, and room or suite no.)	
	City or town, state or province, country, and ZIP or foreign postal code	

- Check if applicable:
- Address change
 - Amended Return
 Check this box if reporting (a) additional tax from an increase in taxable gross vehicle weight or (b) suspended vehicles exceeding the mileage use limit. **Do not** check this box for any other reason.
 - VIN Correction
 Check this box if you are correcting a vehicle identification number (VIN) listed on a previously filed Schedule 1 (Form 2290). **Do not** check this box for any other reason.
 - Final Return
 Check this box if you no longer have taxable vehicles to report.

Part I Figuring the Tax

Caution: If you purchased a used vehicle from a private seller, see instructions.

		Y	Y	Y	Y	M	M
1 Was the vehicle(s) reported on this return used on public highways during July 2015 ? If YES, enter 201507 in the boxes to the right. If NO, see the table on page 3 of the instructions . . . ▶	1						
2 Tax. Enter the Total from Form 2290, page 2, column (4) ▶	2						
3 Additional tax from increase in taxable gross weight (see instructions) ▶	3						
4 Total tax. Add lines 2 and 3 ▶	4						
5 Credits (see instructions). ▶	5						
6 Balance due. Subtract line 5 from line 4. This is the amount you owe. If payment through EFTPS, check here <input type="checkbox"/> ▶	6						

Part II Statement in Support of Suspension (Complete the statements that apply. Attach additional sheets if needed.)

- 7 I declare that the vehicles reported on Schedule 1 as suspended (category W) are expected to be used on public highways (check the boxes that apply): 5,000 miles or less 7,500 miles or less for agricultural vehicles during the period July 1, 2015, through June 30, 2016, and are suspended from the tax. Complete and attach Schedule 1.
- 8a I declare that the vehicles listed as suspended on the Form 2290 filed for the period July 1, 2014, through June 30, 2015, were not subject to the tax for that period except for any vehicles listed on line 8b. **Check this box if applicable.** ▶
- b Vehicle identification numbers _____
- 9 I declare that vehicle identification numbers _____ were listed as suspended on the Form 2290 filed for the period July 1, 2014, through June 30, 2015. These vehicles were sold or transferred to _____ on _____, At the time of the transfer, the vehicles were still eligible for the suspension of the tax. Attach a separate list if needed.

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶ <input type="text"/>
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Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature _____	Date _____	Telephone number _____
Type or print name below signature.		

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

Tax Computation

Category	Taxable gross weight (in pounds)	(1) Annual tax (vehicles used during July)		(2) Partial-period tax (vehicles first used after July) See the tables at the end of the separate instructions.		(3) Number of vehicles		(4) Amount of tax (col. (1) or (2) multiplied by col. (3))	Category
		(a) Vehicles except logging*	(b) Logging vehicles*	(a) Vehicles except logging*	(b) Logging vehicles*	(a) Vehicles except logging*	(b) Logging vehicles*		
A	55,000	\$ 100.00	\$ 75.00	\$	\$			\$	A
B	55,001 - 56,000	122.00	91.50						B
C	56,001 - 57,000	144.00	108.00						C
D	57,001 - 58,000	166.00	124.50						D
E	58,001 - 59,000	188.00	141.00						E
F	59,001 - 60,000	210.00	157.50						F
G	60,001 - 61,000	232.00	174.00						G
H	61,001 - 62,000	254.00	190.50						H
I	62,001 - 63,000	276.00	207.00						I
J	63,001 - 64,000	298.00	223.50						J
K	64,001 - 65,000	320.00	240.00						K
L	65,001 - 66,000	342.00	256.50						L
M	66,001 - 67,000	364.00	273.00						M
N	67,001 - 68,000	386.00	289.50						N
O	68,001 - 69,000	408.00	306.00						O
P	69,001 - 70,000	430.00	322.50						P
Q	70,001 - 71,000	452.00	339.00						Q
R	71,001 - 72,000	474.00	355.50						R
S	72,001 - 73,000	496.00	372.00						S
T	73,001 - 74,000	518.00	388.50						T
U	74,001 - 75,000	540.00	405.00						U
V	over 75,000	550.00	412.50						V
Totals. Add the number of vehicles in columns (3a) and (3b). Enter the total here (this should be the same total of taxable vehicles shown on Schedule 1, Part II, line c). Add the amounts in column (4). Enter the total here and on Form 2290, line 2 . . . ▶									\$
W	Tax-Suspended Vehicles (See Part II on page 6 of the instructions.)								

Complete both copies of Schedule 1 (Form 2290) and attach them to Form 2290.

* See page 2 of the instructions for information on logging vehicles.

**SCHEDULE 1
(Form 2290)**

(Rev. July 2015)
Department of the Treasury
Internal Revenue Service

Schedule of Heavy Highway Vehicles

For the period July 1, 2015, through June 30, 2016

OMB No. 1545-0143

▶ **Complete and file both copies of Schedule 1. One copy will be stamped and returned to you for use as proof of payment when registering vehicle(s) with a state.**

Type or Print	Name	Employer identification number <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
	Address (number, street, and room or suite no.)	
	City or town, state or province, country, and ZIP or foreign postal code	

Part I	Vehicles You Are Reporting (enter VIN and category)	Category A through W (category W for suspended vehicles)
1	<input type="text"/>	
2	<input type="text"/>	
3	<input type="text"/>	
4	<input type="text"/>	
5	<input type="text"/>	
6	<input type="text"/>	
7	<input type="text"/>	
8	<input type="text"/>	
9	<input type="text"/>	
10	<input type="text"/>	
11	<input type="text"/>	
12	<input type="text"/>	
13	<input type="text"/>	
14	<input type="text"/>	
15	<input type="text"/>	
16	<input type="text"/>	
17	<input type="text"/>	
18	<input type="text"/>	
19	<input type="text"/>	
20	<input type="text"/>	
21	<input type="text"/>	
22	<input type="text"/>	
23	<input type="text"/>	
24	<input type="text"/>	

Part II	Summary of Reported Vehicles		
a	Total number of reported vehicles	a	
b	Enter the total number of taxable vehicles on which the tax is suspended (category W)	b	
c	Total number of taxable vehicles. Subtract line b from line a	c	

Consent to Disclosure of Tax Information

For the period July 1, 2015, through June 30, 2016

By signing, dating, and entering my employer identification number below, I hereby consent to the Internal Revenue Service (IRS) disclosing information about my payment of the heavy highway vehicle use tax (HVUT) for the tax period listed above to the federal Department of Transportation (DOT), U.S. Customs and Border Protection (CBP), and to state Departments of Motor Vehicles (DMV). The information disclosed to the DOT, CBP, and state DMVs will be my vehicle identification number (VIN) and verification that I have paid the HVUT. The IRS may disclose the information to the DOT, CBP, and to the DMVs of the 50 states and the District of Columbia who have other taxing, registration, or information collecting authority. I agree that the American Association of Motor Vehicle Administrators (AAMVA), a third-party nonprofit organization, may be used as an intermediary to transmit my VIN and payment information from the IRS to the state DMVs.

I understand that the information to be disclosed is generally confidential under the laws applicable to the IRS and that the agency receiving the HVUT information is not bound by these laws and may use the information for any purpose as permitted by other federal laws and/or state law. To be effective, this consent must be received by the IRS within 120 days of the date below.

If signed by a corporate officer or party other than the taxpayer, I certify that I have the authority to execute this consent to disclosure of tax information.

Sign Here	<div style="display: flex; justify-content: space-between;"> ▶ Signature ▶ _____ </div>	<div style="display: flex; justify-content: space-between;"> ▶ Date ▶ _____ </div>	<div style="display: flex; justify-content: space-between;"> ▶ ▶ _____ </div>
	Type or print name below signature.		Employer identification number