

_____ County

**Motor Vehicle Dealer
Tax Credit Application and Refund Claim**

No. _____

A. I request credit for the remaining portion be applied to the tax not yet paid. _____, 19_____

B. I file a refund claim. _____
Applicant

Make	Model	Year	Identifying Number	Tax District Number	Tax Rate	Actual Value	Consolidated Tax
							\$
							\$
							\$

Treasurer Receipt No. _____ Statement No. _____

Credit for Remaining Months of Year. _____

Treasurer's Check No. _____ for Refund Payment

I certify _____ Tax for . . . A. Credit
 B. Refund

County Assessor

County Treasurer

Date

Date

