	Cοι	Motor Vehicle Tax Credit Application a					
A. I re appl	emaining portion be d.	, 19					
B. I file	a refund claim		Applicant				
Make	Model	Year	Identifying Number	Tax District Number	Tax Rate	Actual Value	Consolidated Tax
				_			\$
							\$
Credit for Rem	eipt No aining Months Tax for	of Year			Check No	fo	or Refund Paym
County Assessor Date					Cour	ity Treasurer	
		Date					

County			Motor Vehicle Tax/Fee Refund Claim	No		
Year	Make	Model	Identifying Number	I hereby file a refund claim and will surrender to the County Treasurer my registration certificate and plates for the Registration Period.		
				Applicant	Date	
Tax District Number	Registration Fees Collected	Motor Vehicle Fee Collected Note (1)	Motor Vehicle Tax Collected	Original Registration Number:	Date:	
Months Refunded						
Calculated Refund		(a)	(b)	County Treasurer	Date	
TOTAL REFUNDED				Treasurer's Check No Refund Payment	for	

Required by State Statute Section 60-3008

- Note (1) Fees collected applies only to the new motor vehicle fees collected after January 1, 1998.
- Note (a) This amount should be deducted from the motor vehicle fees which have not been transferred to the State Treasurer.
- Note (b) This amount should be deducted from the undistributed motor vehicle taxes of the taxing units where the money was original distributed.