

61A207 (01-20)
 Commonwealth of Kentucky
DEPARTMENT OF REVENUE
 Office of Property Valuation
 Public Service Branch
 Fourth Floor, Station 32
 501 High Street
 Frankfort KY 40601 2103
 (502) 564-8175

2020 COMMERCIAL WATERCRAFT PERSONAL PROPERTY TAX RETURN

For owners of commercial watercraft operating in Kentucky waters.

Property Assessed January 1, 2020

	Federal ID Number _____
	Social Security Number _____
	Year Kentucky Operations Commenced : _____

Taxpayer Name 1					
Name 2					
Address 1					
Address 2					
City		State	ZIP Code		
Contact Person					
Phone		FAX	502-564-7103	E-Mail	

Tax Agent Name 1					
Name 2					
Address 1					
Address 2					
City		State	ZIP Code		
Contact Person					
Phone		FAX		E-Mail	

Which address above is to be used for mailing the assessment notice and tax bills?

Taxpayer Address
 Other _____

Tax Agent Address

Is your company affiliated with any other companies? (Parent/Subs)

Yes

No

If yes, submit organizational chart and informational reports.

I declare, under penalties of perjury, that this return (including any accompanying schedules and statements) is a correct and complete statement of all my taxable property has been listed.

Signature of Taxpayer

Name of Preparer Of

Telephone Number of Taxpayer

Da

**Due Date:
Friday
May 15, 2020**

	<p style="text-align: center;">Organization</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Joint (Co-Owners) <input type="checkbox"/> Partnership/LLP <input type="checkbox"/> Domestic Corp./LLC <input type="checkbox"/> Foreign Corp./LLC <input type="checkbox"/> S Corporation <input type="checkbox"/> Other:</p>
	LEAVE BLANK
	GNC
	Postmark
	Pre-Audit
	<p>Taxpayers completing this return must complete the agency portion in order to maintain an agent status.</p> <p>Agents completing this return must have a current power of attorney on file with the Kentucky Department of Revenue or include one.</p>

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VALUATION WORKSHEET
 AS OF JANUARY 1, 2020

Name of Taxpayer _____

INSTRUCTIONS

The original cost, the cost of rebuilds and the cost of major improvements of all owned and non-owned vessels must be entered on this schedule and aggregated by age and multiplied by the appropriate factor to arrive at the Assessed Value. The totals of the 'Original Cost,' 'Cost of Rebuilds' and 'Cost of Major Improvements' columns must equal the amounts listed on Schedules A and C.

Year	Age	Original Cost		Factor		Factored Original Cost		Cost of Rebuilds & Improvements		Factor		Factored Cost of Rebuilds & Improvements		Total Value		Total Factored Value
2019	1		X	0.972	=	0			X	0.917	=	0		0		0
2018	2		X	0.968	=	0			X	0.865	=	0		0		0
2017	3		X	0.964	=	0			X	0.789	=	0		0		0
2016	4		X	0.932	=	0			X	0.696	=	0		0		0
2015	5		X	0.883	=	0			X	0.591	=	0		0		0
2014	6		X	0.859	=	0			X	0.502	=	0		0		0
2013	7		X	0.826	=	0			X	0.405	=	0		0		0
2012	8		X	0.793	=	0			X	0.307	=	0		0		0
2011	9		X	0.782	=	0			X	0.213	=	0		0		0
2010	10		X	0.754	=	0			X	0.109	=	0		0		0
2009	11		X	0.690	=	0			X	0.100	=	0		0		0
2008	12		X	0.688	=	0			X	0.100	=	0		0		0
2007	13		X	0.663	=	0			X	0.100	=	0		0		0
2006	14		X	0.654	=	0			X	0.100	=	0		0		0
2005	15		X	0.632	=	0			X	0.100	=	0		0		0
2004	16		X	0.623	=	0			X	0.100	=	0		0		0
2003	17		X	0.576	=	0			X	0.100	=	0		0		0
2002	18		X	0.526	=	0			X	0.100	=	0		0		0
2001	19		X	0.469	=	0			X	0.100	=	0		0		0
2000	20		X	0.417	=	0			X	0.100	=	0		0		0
1999	21		X	0.362	=	0			X	0.100	=	0		0		0
1998	22		X	0.302	=	0			X	0.100	=	0		0		0
1997	23		X	0.245	=	0			X	0.100	=	0		0		0
1996	24		X	0.186	=	0			X	0.100	=	0		0		0
1995	25		X	0.128	=	0			X	0.100	=	0		0		0
1994	26		X	0.100	=	0			X	0.100	=	0		0		0
1993	27		X	0.100	=	0			X	0.100	=	0		0		0
1992	28+		X	0.100	=	0			X	0.100	=	0		0		0
TOTALS						0		0				0		0		0

REPORT OF KENTUCKY ROUTE MILES
 AS OF JANUARY 1, 2020

Name of Taxpayer _____

Are you a Kentucky based carrier? Yes No

What is your vessel operating base (the city or locality of the operating headquarters of your vessels)? _____

If you are a Kentucky based carrier, did you engage in any waterborne traffic movements outside of Kentucky territory during the calendar year of 2019?

Did your organization perform any foreign waterborne traffic movements during the calendar year of 2019? Yes No

KENTUCKY

Examine all through trips performed on any Kentucky waterway during the calendar year of 2019. Determine the furthest distance between the beginning and ending points of the traveled waterway of Kentucky. Measure the one-way mileage distance between those points. This is your "Kentucky Route Miles". Enter the "Kentucky Navigable Kentucky Waterway" listed below. Next, apply the "State Adjustment Factor" to the "Kentucky Route Miles" figure to arrive at your "Adjusted Kentucky Route Miles". For this return, System and Kentucky Route Miles are the maximum one way distance measured in miles traveled between two points of operation on each waterway.

Navigable Kentucky Waterways	Maximum Total Navigable One Way Miles	ORIGIN		DESTINATION
		Beginning Reference Point	Beginning Mile Marker	Ending Reference Point
MISSISSIPPI	71.30			
OHIO	664.70			
TENNESSEE	62.40			
CUMBERLAND	74.70			
BIG SANDY	14.20			
GREEN	108.90			
KENTUCKY	65.00			
LICKING	7.00			
Total	1,068.20			

NOTE: If you did not engage in waterborne traffic movements outside of Kentucky, Schedule F "Report of System Route Miles," is not required.

Schedule E

 Yes No
 No

g and ending points on each
 Route Miles" for each
 Kentucky Route Miles".
 ch traveled waterway.

Ending Mile Marker	(a) Kentucky Route Miles	(b) State Adjustment Factor	(c) Adjusted Kentucky Route Miles (a) x (b)
		50%	
		90%	
		100%	
		100%	
		50%	
		100%	
		100%	
		100%	
Total		Total	

quired.

**REPORT OF SYSTEM ROUTE MILES
 AS OF JANUARY 1, 2020**

Name of Taxpayer : _____

SYSTEM

Examine all through trips performed in domestic commerce or related commercial activity on any waterway within the United States territory during the calendar year of 2019. Determine the furthest distance between the beginning and ending points traveled on any waterway for any trip. Measure the one way distance between those points. This is your 'System Route Miles Per Waterway'. Be sure to include your Kentucky waterways in this chart.

You are required to provide a detailed map that illustrates your actual system route traveled during the calendar year of 2019.

	Navigable System Waterways (List the name of the river(s) actually traveled)	ORIGIN		DESTINATION		Route Miles Per Waterway
		Beginning Reference Point	Beginning Mile Marker	Ending Reference Point	Ending Mile Marker	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
PAGE TOTAL						

**REPORT OF SYSTEM ROUTE MILES
 AS OF JANUARY 1, 2020**

Name of Taxpayer : _____

SYSTEM

	Navigable System Waterways (List the name of the river(s) actually traveled)	ORIGIN		DESTINATION		Route Miles Per Waterway
		Beginning Reference Point	Beginning Mile Marker	Ending Reference Point	Ending Mile Marker	
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
PAGE TOTAL						

**REPORT OF SYSTEM ROUTE MILES
 AS OF JANUARY 1, 2020**

Name of Taxpayer : _____

SYSTEM

	ORIGIN		DESTINATION		Route Miles Per Waterway
	Navigable System Waterways (List the name of the river(s) actually traveled)	Beginning Reference Point	Beginning Mile Marker	Ending Reference Point	
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
GRAND TOTAL					

REPORT OF OWNED VESSELS IN YOUR POSSESSION

AS OF JANUARY 1, 2020

Report all owned vessels (both available and operating) in your fleet as of January 1, 2020. Your entire fleet of vessels must be listed on this schedule regardless of their location or operating territory or whether the vessels operated on the waterways of Kentucky. If any of your owned vessels are in the possession of another person, entity, company, corporation or charterer as of January 1, 2020, you are required to complete Schedule 'B'. Complete all data fields shown without exception. If space is insufficient, use the continuation sheet. Computer generated schedules are acceptable if they contain all required data fields. NOTE: A listing of your owned vessels is available in a publication titled "Waterborne Transportation Lines of the United States Volume 3 Vessel Characteristics" produced by the US Army Corps of Engineers. Access to this document can be made at : <https://usace.contentdm.oclc.org/digital/collection/p16021coll2/id/1376/>

NAME OF TAXPAYER _____

	VESSEL NAME & NUMBER	COAST GUARD NUMBER	VESSEL TYPE (See Category Reference list)	MFG YEAR BUILT	YEAR ACQUIRED Purchased	ORIGINAL ACQUISITION COST Purchase Price	YEAR REBUILT	COST OF REBUILD	YEAR IMPROVED	COST of MAJOR IMPROVEMENTS
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
	TOTALS									

REPORT OF OWNED VESSELS IN YOUR POSSESSION

AS OF JANUARY 1, 2020

A Continuation

Page _____

NAME OF TAXPAYER _____

	VESSEL NAME & NUMBER	COAST GUARD NUMBER	VESSEL TYPE (See Category Reference list)	MFG YEAR BUILT	YEAR ACQUIRED Purchased	ORIGINAL ACQUISITION COST Purchase Price	YEAR REBUILT	COST OF REBUILD	YEAR IMPROVED	COST of MAJOR IMPROVEMENTS
1										
2										
3										
4										
5										
6										
7										
8										
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20										
21										
22										
23										
24										
25										
	TOTALS									

REPORT OF OWNED VESSELS - - IN POSSESSION OF OTHERS

AS OF JANUARY 1, 2020

B

Report all owned vessels that are in possession of other persons, companies, corporations, operators, charterers as of January 1, 2020. Complete all data fields below without exception. If space is insufficient, use the continuation sheet. Computer generated schedules are acceptable if they contain all required data fields.

NAME OF TAXPAYER _____

	VESSEL NAME & NUMBER	COAST GUARD NUMBER	VESSEL TYPE (See Category Reference List)	MFG YEAR BUILT	YEAR ACQUIRED Purchased	ORIGINAL ACQUISITION COST Purchase Price	YEAR REBUILT	COST OF REBUILD	YEAR IMPROVED	COST of MAJOR IMPROVEMENTS	NAME OF ENTITY in POSSESSION as of January 1, 2019
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
	TOTALS										

REPORT OF OWNED VESSELS - - IN POSSESSION OF OTHERS

B Continuation

AS OF JANUARY 1, 2020

Page _____

NAME OF TAXPAYER _____

	VESSEL NAME & NUMBER	COAST GUARD NUMBER	VESSEL TYPE (See Category Reference List)	MFG YEAR BUILT	YEAR ACQUIRED Purchased	ORIGINAL ACQUISITION COST Purchase Price	YEAR REBUILT	COST OF REBUILD	YEAR IMPROVED	COST of MAJOR IMPROVEMENTS	NAME OF ENTITY in POSSESSION as of January 1, 2019
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
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19											
20											
21											
22											
23											
24											
25											
	TOTALS										

REPORT OF NONOWNED VESSELS IN YOUR POSSESSION

AS OF JANUARY 1, 2020

Report all non-owned vessels (both available and operating) in your possession as of January 1, 2020. This includes all short and long term leased vessels, bareboat charters and any other charters in which you take possession of the vessel. All of your non-owned vessels must be listed regardless of their location or operating territory or whether the vessels operated on the waterways of Kentucky. Complete all data fields shown without exception. Be aware that certain vessel data must be obtained from the actual owner. If space is insufficient, use the continuation sheet. Computer generated schedules are acceptable if they contain all required data fields.

NAME OF TAXPAYER _____

YOU MUST OBTAIN THIS DATA FROM ACTUAL OWNER(S)

VESSEL NAME & NUMBER	COAST GUARD NUMBER	VESSEL TYPE <small>(See Category Reference List)</small>	NAME & ADDRESS OF ACTUAL OWNER	ANNUALIZED \$ PAYMENT FOR VESSEL	MFG YEAR BUILT	YOU MUST OBTAIN THIS DATA FROM ACTUAL OWNER(S)					
						YEAR ACQUIRED <small>Purchased</small>	ORIGINAL ACQUISITION COST <small>Purchase Price</small>	YEAR REBUILT	COST OF REBUILD	YEAR IMPROVED	COST of MAJOR IMPROVEMENTS
1											
2											
3											
4											
5											
6											
7											
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11											
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15											
TOTALS											

