## 62A500-W (1-24)

Commonwealth of Kentucky **DEPARTMENT OF REVENUE**Station 32

## ☐ AMENDED RETURN

Check box and see page 7 for specific instructions on amended returns in 62A500 PDF form.

See pages 12 and 13 for a complete list of PVA mailing addresses in the full 62A500 form.

Telephone Number

## 2024 TANGIBLE PERSONAL PROPERTY TAX RETURN

**Property Assessed January 1, 2024** 

Forms filed on or before due date:
File the return with the PVA in the county of taxable situs.

## (Documented Watercraft)

| FOR OFFICIAL USE ONLY            |                       |         |         |    |    |                     |                |  |  |  |  |  |
|----------------------------------|-----------------------|---------|---------|----|----|---------------------|----------------|--|--|--|--|--|
| County Code                      | <b>Locator Number</b> |         |         |    |    |                     |                |  |  |  |  |  |
| $\mid$ T $\_$ $\_$ $\_$ $/$ $\_$ |                       |         |         |    |    |                     | _              |  |  |  |  |  |
| Due Date:                        | MAY 2024              |         |         |    |    |                     |                |  |  |  |  |  |
| Wednesday<br>May 15, 2024        | s                     | M       | Т       | w  | T  |                     | s              |  |  |  |  |  |
| 15                               | 5<br>12               | 6<br>13 | 7<br>14 | 15 |    | 3<br>10<br>17<br>24 | 11<br>18<br>25 |  |  |  |  |  |
|                                  | 20                    | ZT      | 28      | 29 | 30 | 31                  |                |  |  |  |  |  |

Email Address of Preparer Other Than Taxpayer

Telephone Number

| Check applicable box and write in ☐ Federal ID No. or ☐ Social Security No. |  | Name of Business   |  |                 |                 |                           | Organizati          | ion                      | Туре   |
|---|--|--|--|-----------------|-----------------|---------------------------|---------------------|--------------------------|--------|
|   |  | Name of Taxpaye  |  | T               | elephone Number | ☐ Individ                 | dual                | 1                        |        |
| 2nd <b>SSN</b> if joint return  |  | Mailing Address  |  |                 |                 | ☐ Joint (Co-Owners) 2     |                     |                          |        |
|   | ,  | Mailing Address  |  |                 |                 |                           | ☐ Partnership/LLP 3 |                          |        |
| NAICS<br>CODE   |  | City or Town State ZIP C   |  |                 |                 | ZIP Code                  | □ Dome<br>LLC       | stic Corp./              | 4      |
| Т   | ype of Business  | Property Location (Marina Name and Street Address)(Must List) REQUIRED |  |                 |                 | ☐ Foreig                  | 5                   |                          |        |
| Check if applicable. Yes Tangible personal property                         |  | Property is Locat  | District Code  |                 |                 |                           | Б                   |                          |        |
|   |  | Return can   |  |                 |                 | ☐ Fiduci                  |                     |                          |        |
| Final Ret   | KY counties?    ☐<br>turn?   | electronically   | Type Return  |                 |                 | _                         |                     |                          |        |
| for each  | location. Documente T LIST DOMESTIC                                  | ed watercraft u  | ns. Taxpayers who have p<br>sed for hire or rented, sho<br>AL WATERCRAFT ON<br>Property Valuation. | ould be reporte | d on S          | chedule C or with t       | he Public S         | Service Se               | ction. |
| Line<br>No.   | Coast Guard<br>Number  | Vessel<br>Name   | Description<br>(Year, Make, Model, Leng<br>Beam, Motor Horse Powe                                  |                 | r's             | Statement<br>General Cond |                     | For Official<br>Use Only |        |
| 41  |  |  |  |                 |                 |                           |                     |                          |        |
| 41  |  |  |  |                 |                 |                           |                     |                          |        |
| 41  |  |  |  |                 |                 |                           |                     |                          |        |
| 41  |  |  |  |                 |                 |                           |                     |                          |        |
| 41  |  |  |  |                 |                 |                           |                     |                          |        |
|   | , under the penalties ond that all my taxable  Signature of Taxpayer |  | this return (including any a<br>een listed.  |                 |                 | ules and statements       |                     | ect and con              | nplete |
| <b>**</b>   |  |  |  |                 |                 |                           |                     |                          |        |

Email Address of Taxpayer