

Application for Vehicle License Tax Refund

Application Date: ___/___/___ (yyyy/mm/dd)

Issue No:

Type of Vehicle	Reason	Vehicle License No.	
<input type="checkbox"/> Motorcycle <input type="checkbox"/> Small private passenger vehicle <input type="checkbox"/> Small commercial passenger vehicle <input type="checkbox"/> Small private truck <input type="checkbox"/> Large private truck <input type="checkbox"/> Small commercial truck <input type="checkbox"/> Large commercial truck <input type="checkbox"/> Large commercial passenger vehicle	<input type="checkbox"/> Redundant payment <input type="checkbox"/> The vehicle is in the following situation <input type="checkbox"/> approved for exemption from tax <input type="checkbox"/> registered as non-operational <input type="checkbox"/> scrapped <input type="checkbox"/> has been turned in the cancelled license plate <input type="checkbox"/> stolen <input type="checkbox"/> the license plate is being cancelled <input type="checkbox"/> has been turned in license plate <input type="checkbox"/> the license plate is being revoked <input type="checkbox"/> its type was changed on ___/___/___ (yyyy/mm/dd) <input type="checkbox"/> The license or vehicle was/has been <input type="checkbox"/> suspended <input type="checkbox"/> seized from ___/___/___ (yyyy/mm/dd) to ___/___/___ <input type="checkbox"/> Surcharge shall be waived according to Paragraph 1, Article 28 of the Vehicle License Tax <input type="checkbox"/> Miscalculation of tax amount	Period	___ period in the Year of ___
		Attachments	
		<input type="checkbox"/> Receipt of Vehicle License Tax Payment Notice <input type="checkbox"/> Copy of approval for exemption <input type="checkbox"/> Copy of application of change registration for vehicles <input type="checkbox"/> Copy of report of theft <input type="checkbox"/> Copy of suspension or revocation of execution	

	<input type="checkbox"/> Other	
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I request a refund of the portion of overpayment or redundant payment of Vehicle License Tax.

To: Local Tax Bureau, _____ County/City

Applicant (Vehicle Owner): _____ (Signature/Seal)

ID No.: _____

Telephone NO.: _____

Address: _____