Reset Form

APPLICATION FOR MUNICIPAL VEHICLE EXCISE OR WHEEL TAX REFUND

State Form 56288 (R / 6-17)
Approved by State Board of Accounts, 2017
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES
Central Office Finance
100 N. Senate Avenue, Room N440
Indianapolis, IN 46204
(888) 692-6841
www.bmv.in.gov

INSTRUCTIONS:

1. *Complete in blue or black ink, or print form. Form is to be used solely to apply for a municipal vehicle excise or wheel tax refund. To apply for a refund of certain fees, please use SF 56165.*
2. *Print the mailing address where you wish the refund check to be mailed.*
3. *Application is valid for registrations beginning January 01, 2017.*
4. *If you are signing on behalf of the registrant, you must provide a copy of the document that authorizes you to do so (e.g. Power of Attorney (POA), executor).*
5. *If registration has more than one (1) registrant, only one (1) registrant is required to sign as applicant.*
6. *Return the completed form to your local BMV location or scan and e-mail a copy to bmvfinancedepartment@bmv.in.gov. Branch locations can be found online at www.bmv.in.gov.*

SECTION 1: REGISTRANT INFORMATION

Registrant(s) Name *(as printed on Indiana certificate of registration)*		
Mailing Address *(street number and name)*		
City	State	ZIP Code
Contact Telephone Number ( )	E-mail Address	

SECTION 2: VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER (VIN): *(Please enter in spaces below.)*

VIN 1																	
VIN 2																	
VIN 3																	
VIN 4																	

SECTION 3: APPLICANT AFFIRMATION

I swear or affirm under penalties for perjury that I am requesting a refund of municipal vehicle excise or wheel tax on the vehicle listed above, that a refund has not been previously issued for this vehicle, and that the above mailing address is correct and is the address I request the BMV mail the refund check to.

Signature of Applicant	Date Signed *(mm/dd/yyyy)*
Printed Name of Applicant	Relationship to Registrant(s) *(if other than registrant)* *(Example: agent, POA, executor of estate, etc.)*

SECTION 4: BMV INTERNAL USE ONLY

Central Office Title Processing Staff Name	Municipality Verified by Central Finance *(list name)*	Date *(mm/dd/yyyy)*	
Customer Contact Method ☐ Telephone ☐ E-mail	Date *(mm/dd/yyyy)*	Refund Type ☐ Municipal Excise Tax ☐ Wheel Tax	Total $