



Indiana Department of Revenue
Municipal Wheel Tax

You must complete and submit this form with your International Registration Plan (IRP) renewal or registration.

Legal Name	IRP Account/Fleet Number
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The Indiana Department of Revenue must collect and remit municipal wheel tax from motor carriers whose physical address is within the limits of a municipality that has adopted that tax type. By checking the appropriate box, indicate if your company's physical address is in one of the municipalities listed.

- | | | | |
|---|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Avon | <input type="checkbox"/> East Chicago | <input type="checkbox"/> Greencastle | <input type="checkbox"/> New Haven |
| <input type="checkbox"/> Bluffton | <input type="checkbox"/> Ellettsville | <input type="checkbox"/> Hammond | <input type="checkbox"/> Noblesville |
| <input type="checkbox"/> Boonville | <input type="checkbox"/> Evansville | <input type="checkbox"/> LaPorte | <input type="checkbox"/> Pendleton |
| <input type="checkbox"/> Carmel | <input type="checkbox"/> Fishers | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Plainfield |
| <input type="checkbox"/> Crawfordsville | <input type="checkbox"/> Fort Wayne | <input type="checkbox"/> Madison | <input type="checkbox"/> Plymouth |
| <input type="checkbox"/> Crown Point | <input type="checkbox"/> Franklin | <input type="checkbox"/> Merrillville | <input type="checkbox"/> Portage |
| <input type="checkbox"/> Decatur | <input type="checkbox"/> Gary | <input type="checkbox"/> Michigan City | <input type="checkbox"/> Valparaiso |
| <input type="checkbox"/> Dyer | <input type="checkbox"/> Goshen | <input type="checkbox"/> Munster | <input type="checkbox"/> Yorktown |

☐ My company's physical address is not located within one of the municipalities listed above.

Per IC 6-3.5-11-16(a), the owner of a vehicle who knowingly registers the vehicle without paying the imposed wheel tax with respect to that registration commits a Class B misdemeanor.

Certification Statement

Under penalty of perjury, I have examined this information and to the best of my knowledge and belief, it is true, complete and correct.

Signature: _____

Date: _____

Title: _____