



AUTO RENTAL EXCISE TAX CREDIT AFFIDAVIT

State Form 47353 (R3 / 12-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 6-6-5-6.7.

- INSTRUCTIONS**
1. Complete in blue or black ink or print form.
 2. Complete application with all information in sections 1, 2, and 3 as applicable.
 3. This affidavit must be submitted with every new, renewal and transfer registration application where Auto Rental Excise Tax Credit is being claimed.
 4. A separate affidavit must be completed for each vehicle.

SECTION 1. RENTAL COMPANY INFORMATION

Rental Company Name	Tax Payer Identification Number	Federal Identification Number
Entity Street Address Recorded with the Indiana Secretary of State (<i>number and street</i>)		
City	State	ZIP Code

SECTION 2. VEHICLE INFORMATION

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

Year					Make					Model									

AVAILABLE AUTO RENTAL EXCISE TAX CREDIT

<p>Transaction Type (<i>check one</i>)</p> <p><input type="checkbox"/> New Registration</p> <p><input type="checkbox"/> Renew Registration</p> <p><input type="checkbox"/> Transfer Registration</p> <p><i>Enter transferred plate number:</i></p> <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 20px;"></div>	<p>Auto Rental Excise Tax Credit Amount</p> <p>Amount of Auto Rental Excise Tax Credit applied to this transaction:</p> <p style="text-align: right;">\$ _____ . _____</p> <p>The rental company is responsible for knowing the amount of Auto Rental Excise Tax paid to the Indiana Department of Revenue the previous calendar year and the amount of Auto Rental Excise Tax Credit used the current year. <i>If the rental company exceeds the amount of Auto Rental Excise Tax Credit available, the difference is owed to the BMV in addition to a 10% penalty fee.</i></p>
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SECTION 3. AFFIRMATION AND SIGNATURE

The authorized representative submitting this application swears or affirms under penalty of perjury that the information contained in this affidavit is true and correct. The entity for which this application is made owns the above listed vehicle and affirms that the Rental Company has available the amount of Auto Rental Excise Tax Credit being claimed on this form.

Signature of Authorized Entity Representative		Date (<i>mm/dd/yyyy</i>)
Typed or Printed Name of Entity Representative	Title of Entity Representative	Office Telephone Number

SECTION 4. BRANCH USE ONLY

Forms are mailed weekly to Central Office Finance, 100 North Senate Avenue, Room N440, Indianapolis, IN 46204.

Branch Number _____	Plate Number _____	Invoice / Batch Number _____
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