

REQUEST FOR APPORTIONMENT OF AD VALOREM ASSESSMENT ON VEHICLES ENGAGED IN INTERSTATE COMMERCE

COUNTY: _____ YEAR: _____

A: TAXPAYER/APPLICANT	B: VEHICLE
OWNER: _____	YEAR: _____
ADDRESS: _____ _____	MAKE: _____
CITY: _____ STATE: _____ ZIP: _____	MODEL: _____
	VIN: _____

C: MILEAGE OUTSIDE GEORGIA

Indicate if mileage listed will be for this vehicle or for a fleet: [] V [] F (Note: Tax Commissioner may require individual mileage)

JURISDICTION	MILEAGE	ALLOWED	JURISDICTION	MILEAGE	ALLOWED	JURISDICTION	MILEAGE	ALLOWED
Alaska			Louisiana			Ohio		
Alabama			Massachusetts			Oklahoma		
Arkansas			Maryland			Oregon		
Arizona			Maine			Pennsylvania		
California			Michigan			Rhode Island		
Colorado			Minnesota			South Carolina		
Connecticut			Missouri			South Dakota		
District of Columbia			Mississippi			Tennessee		
Delaware			Montana			Texas		
Florida			North Carolina			Utah		
Hawaii			North Dakota			Virginia		
Iowa			Nebraska			Vermont		
Idaho			New Hampshire			Washington		
Illinois			New Jersey			Wisconsin		
Indiana			New Mexico			West Virginia		
Kansas			Nevada			Wyoming		
Kentucky			New York			Other		
						TOTAL		

The following attachments may be required by the Tax Commissioner:

- If taxpayer requests apportionment based on fleet miles:
 1. DOR Motor Vehicle Division (<http://motor.etax.dor.ga.gov/>) Form T-139 Schedule B for the International Registration Plan (IRP).
 2. List of year, make, VIN and Georgia County where taxes are paid for each vehicle in the fleet.
- Evidence of ad valorem taxes paid in another state.
- Evidence of highway use or motor fuel taxes paid in another state.
- Evidence of registration fees paid to another state.
- List of terminals in other states.

D: AFFIDAVIT I hereby certify that the items of information entered on this form PT-95 and the attachments, if any, are true and correct to the best of my knowledge and belief. _____

TAXPAYER NAME

DATE

E: APPORTIONED ASSESSMENT (To be completed by Tax Commissioner)

1. Total miles allowed above _____ (a)
2. Total miles driven/traveled _____ (b)
3. Apportionment ratio [1 minus (a) ÷ (b)] _____ (c)
4. Assessment value shown on MV-1 registration form _____ (d)
5. Apportioned assessment [(c) times (d)] _____

I have this date made the above apportioned assessment on the above listed vehicle. The taxpayer has _____ days from the date of this assessment in which to file an appeal to the board of tax assessors.

TAX COMMISSIONER

DATE