

USE TAX CERTIFICATE

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS RETURN: THIS TAX RETURN WILL BE AUDITED.

YOU ARE REQUIRED TO COMPLETE THIS USE TAX RETURN IN ACCORDANCE WITH THE MAINE SALES AND USE TAX LAW. FAILURE TO REPORT ALL THE TAX DUE WILL RESULT IN YOUR BEING ASSESSED FOR TAX, PLUS INTEREST AND PENALTY CHARGES. INSTRUCTIONS ARE PROVIDED ON THE REVERSE. IF YOU NEED ASSISTANCE, CONTACT MAINE REVENUE SERVICES AT (207) 624-9693.

VEHICLE PURCHASED

Kind of Vehicle (see "Allowance for trade-in" on reverse)		
Make	Model	Year
Vin/Serial Number	Watercraft	
	Length	HP

VEHICLE TRADED-IN (see reverse)

Kind of Vehicle (see "Allowance for trade-in" on reverse)		
Make	Model	Year
Vin/Serial Number		

Seller's Name _____ Date of Transfer _____

Seller's Address _____

- 1 Full purchase price of vehicle (see instructions on back) \$ _____
- 2 Allowance for trade-in; enter amount only if it meets all the conditions explained on reverse \$ _____
- 3 Net amount subject to tax (line 1 minus line 2) \$ _____
- 4 Use tax due (the applicable rate multiplied by line 3, less any amount shown in C below) \$ _____
- 5 Exemptions (see instructions on back)

If transfer of ownership is NOT subject to sales or use tax, check appropriate box and furnish required information below.

- A. Exempt Organization: (see reverse) 5-digit exemption number _____
- B. Previously Used by You Elsewhere: (see reverse) Where Registered _____ Reg. No. _____ Date of Original Reg. _____
- C. Sales Tax Paid Elsewhere: (see reverse) State _____ Amount \$ _____
- D. Amputee Veteran: Must submit letter, as explained on reverse.
- E. Other (see reverse)

Name under which vehicle is registered, if different from purchaser _____

Lienholder Name _____ Address _____

I hereby authorize the lienholder and/or seller to disclose to Maine Revenue Services any information necessary to verify the purchase price of the above vehicle, I also authorize Maine Revenue Services to furnish a copy of this certificate to the lienholder and/or seller as my consent to disclose such information. I certify under the pains and penalty of perjury that the statements above are true, accurate and complete. Failure to truthfully report any information required on this form is a crime, punishable by a maximum of 1 year in jail and a fine of \$2,000.00.

Purchaser Please Print _____ Social Security Number _____ Signature _____

Purchaser's Address Street or Box No. _____ City or Town _____ State _____ Zip _____

REGISTRATION OFFICE WILL INDICATE REGISTRATION NC	DATE	DO NOT WRITE IN THIS SPACE (For Use of Tax Collectors Only)
Amount of Tax Paid		_____
Date Paid		_____

Complete This Section Only If You Want A Receipt

Name _____
 Address _____
 City or Town _____ State _____

Do Not Write In This Section

Amount of Tax Paid _____
 Date Paid _____
 Year & Make of Vehicle _____
 Signature of Registering Agent _____