WORKSHEET FOR MULTIPLE PIECES OF EQUIPMENT

Owner's Name & Address:

_____

_____

_____

Contact Phone #: _____

If 2% SMM Rental Equipment:

State Sales Tax Number _____

City Sales Tax Number _____

Fleet Number _____

For DMV Use Only

Year	Make	VIN or Serial #	Description	Unit #	Weight	Tax Value or MSRP	Purchase Price	Purchase Date/ In-Service Date	2%	Decal (Z-Tab)	ON1	ON2

If the equipment is being **REGISTERED only,** you will need a **Bill of Sale, Current Registration, or Invoice** along with this form. **Sales Tax IS DUE if it has not been collected.**

If the equipment is being **TITLED and REGISTERED,** you will need a **Bill of Sale or Invoice, a Statement of Facts/Acquisition** and a **VIN Verification** along with this form. **Sales Tax IS DUE if it has not been collected.**

By completing this application, the information is affirmed under penalty of perjury to be true and correct to the best of the applicant's knowledge.

Signature _____ Date _____