

Name

Indiana Department of Revenue Commercial Natural Gas Vehicle Credit Form

Please complete a form for each natural gas vehicle that qualifies for the purchase credit per IC 6-3.1-34.6.

Fax this completed form to (317) 615-2691 or email it to fetax@dor.in.gov within 24 hours of placing the natural gas vehicle in service to ensure timely processing.

Contact the department at (317) 615-2630 for more information regarding this credit.

Section 1: Natural Gas Vehicle Information						
Year	Make	Model	VIN			
Gross Vehicle Weight*	Engine (CNG or LNG)	Date Placed in Service**	Purchase Price***			

Section 2: Registered Owner Information

FEIN/SSN	Indiana Taxpayer Identif	USDOT				
Address	City	City			State	ZIP Code
Contact Name		Telephone Number		Email Address		
I do hereby certify under penalty and is a complete and full represent				on is true and co	rect to the be	est of my knowledge
Signature:		Date: _				
	Depa	artment	tal Use Only			
Tax Year	Credit Number		Entity Limit Met	for Tax Year	Comparable Vehicle Documentation Enclosed?	
Comparable Vehicle Purchase Price	Difference Between Natu Gas Purchase Price and Comparable Vehicle Pur Price	1	50% of Sum of Purchase Price		Credit Lessor of \$15,000 or 50% Sum of Difference	

Please submit with this form a copy of a purchase price estimate for a comparable diesel- or gasoline-powered qualified vehicle. Failure to do so will result in the credit being denied.

^{*}To qualify, the vehicle must have a gross vehicle weight greater than 33,000 pounds.

^{**}Please enclose a copy of the bill of sale document for reference.

^{***}Not including taxation, registration, or delivery fees.