

1. FEIN

BUSINESS
NAME

2. IF SOLE PROPRIETOR COMPLETE SSN, FIRST NAME, AND LAST NAME

SSN

FIRST
NAME

LAST
NAME

3. ADDRESS

CITY

STATE

ZIP

Is the total of all your related entities \$1,000,000 or less in aggregate appraised value?

No  you are not eligible for this credit.

Yes Complete the section below with the information for this business and the related entities.

Are you holding a working interest in any oil, natural gas, or natural gas liquid producing property or any public service company that is centrally assessed by the state for property tax purposes?

Yes  you are not eligible for this credit.

No File this form with the required income tax return for this business.

4. LIST ALL PROPERTY TAX TICKETS FOR WHICH YOU WERE ASSESSED. COMPLETE AN ADDITIONAL SB-1 IF YOU HAVE MORE THAN 10 TICKETS

A
COUNTY

B	
TICKET NUMBER	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

C
ASSESSED VALUE

D
AMOUNT OF TICKET

E
AMOUNT OF TICKET PAID ON TIME
DO NOT INCLUDE DELINQUENT OR BACK TAX

5. TOTAL ASSESSED VALUE (SUM COLUMN C)

DIVIDE LINE 5 BY 0.6
IF OVER \$1,000,000
YOU ARE NOT ELIGIBLE

6. TOTAL AMOUNT PAID ON TIME ON ALL TICKETS (SUM COLUMN E)

7. TOTAL AMOUNT ELIGIBLE FOR MOTOR VEHICLE CREDIT (SEE INSTRUCTIONS)

8. LINE 6 MINUS LINE 7

9. TOTAL CREDIT (ENTER ONE HALF OF LINE 8)

Property Tax receipts MUST be included.

