

NONRESIDENCY AFFIDAVIT



Social Security Number _____

The affiant, _____, _____,
Name Street Address
_____, _____,
City State and ZIP Code

states that he/she is a citizen of and is a bona fide resident in the state of _____,
county of _____ as of _____ Date

Following are the names and addresses of two persons who know me personally and are familiar with my situation. The Revenue Cabinet is hereby authorized to consult either or both of them.

_____	_____	_____	()
Name	Address	City, State, ZIP Code	Telephone Number
_____	_____	_____	()
Name	Address	City, State, ZIP Code	Telephone Number

1. Did you engage in any business or professional activity in Kentucky? Yes No
If yes, explain _____
2. (a) If you are now a resident of Kentucky, when did you move to Kentucky? Month _____ Year _____
(b) Did you ever reside in Kentucky prior to this date? Yes No
3. If you are not currently a Kentucky resident, did you ever at any time reside in Kentucky? Yes No
If yes, from (Month) _____ (Year) _____ to (Month) _____ (Year) _____.
4. For what purpose did you leave Kentucky? _____
5. Did you have any definite plan to return? Yes No Explain _____
6. Did you vote outside Kentucky? Yes No
7. Did you own or maintain a residence or farm in Kentucky on the assessment dates in question? Yes No
If yes, have you or your family occupied your property at any time after you left Kentucky? Yes No
Give dates of ownership/maintenance or occupation _____
8. Did you ever have a bank account in Kentucky? Yes No
If yes, and bank account is not presently in Kentucky, when was it withdrawn? Month _____ Year _____
9. Did you register your automobile in another state? Yes No
If yes, give date of registration _____
10. Did you take your household furnishings to the other state? Yes No
If yes, date moved: Month _____ Year _____

I swear (or affirm) that the statements made above and upon any attached sheets hereto have been examined by me and to the best of my knowledge and belief are true and correct.

Signed _____

Subscribed and sworn to before me on this date _____, 20_____.

Officer _____

My Commission Expires _____

Return to:
Department of Property Valuation
Personal Property Branch
200 Fair Oaks Lane, Station 32
Frankfort, KY 40620