

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		

No  you are not eligible for this credit.

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

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

[illegible]

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)			

