Taxpayer Name ______________________ **County** ______________________ **Year** __________

SCHEDULE B-1 **IRP, PERMANENTLY TAGGED, UNREGISTERED MOTOR VEHICLES, TRAILERS, AND SPECIAL BODY INFORMATION**

YEAR	MAKE	MODEL	BODY/SIZE	PLATE # / STATE	VEHICLE ID. NUMBER (VIN)	SPEC. BODY COST	FOR OFFICE USE