



Cover Sheet - PA

Process Date 12/01/2025 Transaction Id 79997160
Titling State PA Military



WA1LAAGE0NB043812 2022 AUDI
Used Passenger

Vehicle Info

Model: e-tron
Body Type: Sport Utility Vehicle
GVW: 7066
Fuel Type: Electric
Odometer Reading: 36908

Sale Information

Purchase Date: 11/05/2025
Sale Type: Purchase
Taxable Selling Price: 25,436.35
MSRP:
List Price:
Trade in Value:

Owner Info

Owner 1 Name: MAHIM CHOUDHURY
Owner 2 Name: SAMINA KHADIR
Registered Address: 906 PRINCETON AVE, PHILADELPHIA,
Philadelphia, PA, 19111
Lessor Name:
Address:

Lienholder Info

Lienholder 1 Name:
Address:
Lienholder 2 Name:
Address:

Registration Information

Application Type: Title & Registration
Registration Action: New Registration
Registration Period:
Plate Number:
Expiration Date:

Final Destination

Send to: MAHIM CHOUDHURY
Phone:
Mailing Address: 906 PRINCETON AVE, PHILADELPHIA,
Philadelphia, PA, 19111

Fee Summary

Table with 2 columns: Fee Name, Amount. Includes REGISTRATION FEE (\$48.00), PLATE FEE (\$20.00), TITLE FEE (\$72.00), LOCAL USE/ COUNTY FEE (\$5.00), PA STATE TAX (6%) (\$1,526.19), PA CITY TAX (2%) (\$508.73), VITU FULL SERVICE FEE (\$165.00), PA STATE VARIABLE FEES (\$20.00), and Total (\$2,364.92).

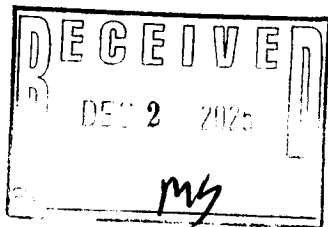
Submitted By:

Joslyne Anderson
Phone: (804)390-5910
Location: Recharged
Address: 8410 West Broad St, Richmond, Henrico, VA,
23294

For Vitu use

Pre-Checker Name

Comments / Resolution:



For your paperwork to be processed faster, please send your transaction documents in the order they are listed on the checklist. Thank you!

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FOLD AND DETACH HERE

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(PART B)

R319

PENNSYLVANIA DEPARTMENT OF TRANSPORTATION

Control# B 9477708

Place Your
Registration Plate
Number and
Dealer/Business
Partner ID# Sticker
Here

NCH0013
832300

E X P R E S	03	08	26	E X P R E S			
					PA	PA	PA
					MA	MA	MA
					MONTH	DAY	YEAR

TEMPORARY REGISTRATION PERMIT

10 20 30

MV-1 (7-19)							H. TAX/FEEES		
A.	Make of Vehicle Ford	Vehicle Identification Number (VIN). If tracing required, tape securely to reverse side of this copy. 1A1LHAC000000000000			Body Type (SDN, TK, Bus, etc.) SUV	Model Year 2010	Purchase Price (See Note On Reverse.) 25,434.00		
	Gross Vehicle Wt. Rating	Fuel Type: <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Propane	<input type="checkbox"/> Hybrid <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas	D/B/Bus. Part. ID/Mechanic # 830300	Authorized Notary Public or Certified Inspection Mechanic (Print Name) JACK RABBITA/NOTARY			Less Trade-In	
	Check the appropriate block if the vehicle is to be used or was formerly used as a <input type="checkbox"/> Taxi or a <input type="checkbox"/> Police Vehicle (If applicable)						I certify that I have verified that a legible tracing cannot be secured and that the above VIN and vehicle weight information listed here and in Section F are correct. Sign Here [Signature]		Taxable Amount
B.	Last Name (or Full Business Name)		First Name	Middle Name	PA DL/ID# or Bus. ID#	Date of Birth	Sales Tax X 6% (.06), X 7% (.07) or X 8% (.08) ★ (See Note on Reverse.)		
	Co-Purchaser Last Name		First Name	Middle Name	PA DL/ID#	Date of Birth	Less Tax Credit		
	Street				Date Acquired/Purchased	COUNTY CODE		1. Sales Tax Due	
	City		State	Zip Code	Dealer/Bus. Partner ID# (If Applicable)	Refer to county codes listing on reverse side of yellow copy			
	NOTE: If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (On death of one owner, title goes to surviving owner.) CHECK HERE <input type="checkbox"/> . Otherwise, the title will be issued as "Tenants in Common" (On death of one owner, interest of deceased owner goes to their heirs or estate.)							1A. Exemption Reason Code (must be a number from 1 to 26 or 0)	
C.	<input type="checkbox"/> Reflects the amount of mileage in excess of its mechanical limits. <input type="checkbox"/> Is NOT the actual mileage. WARNING: Odometer discrepancy.				ODOMETER READING			1C. PTA No.	
	WARNING: Federal and state laws require that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.						Tenths _____		
D.	If no lien, CHECK <input type="checkbox"/> Is this an ELT? (If yes, FIN required) <input type="checkbox"/> YES <input type="checkbox"/> NO			If no 2nd lien, CHECK <input type="checkbox"/> Is this an ELT? (If yes, FIN required) <input type="checkbox"/> YES <input type="checkbox"/> NO			2. Title Fee		
	1st Lienholder Financial Institution Number			2nd Lienholder Financial Institution Number			3. Lien Fee		
	1st Lienholder Name			2nd Lienholder Name			4. Registration Or Processing Fee		
	Street			Street			Fee Exempt Number as Assigned by the Department		
	City		State	Zip Code	City		State	Zip Code	
E.	Make of Vehicle		Vehicle Identification Number (VIN)			Model Year		5. County Fee ♦ (See Note on Reverse)	
	Body Type (SDN, BUS, TK, etc.)		Condition of Vehicle <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR					6. Duplicate Reg. Fee No. of Dup. Reg. Cards: _____	
F.	Passenger, Taxi/Bus		<input type="checkbox"/> Passenger <input type="checkbox"/> Taxi <input type="checkbox"/> Limousine <input type="checkbox"/> School Bus <input type="checkbox"/> Mass Transit <input type="checkbox"/> Other Bus		Seating Capacity			7. Transfer Fee	
	Motorcycle, Motor Driven Cycle, Moped		Cylinder Capacity 50cc or Less <input type="checkbox"/> YES <input type="checkbox"/> NO		Brake Horsepower <input type="checkbox"/> 1.5 or Less <input type="checkbox"/> 1.6 to 5.0 <input type="checkbox"/> Over 5.0			8. Increase Fee	
			Operable Pedals <input type="checkbox"/> YES <input type="checkbox"/> NO		Max Design Speed 25 MPH or Less <input type="checkbox"/> YES <input type="checkbox"/> NO			9. Replacement Fee	
			Automatic Transmission <input type="checkbox"/> YES <input type="checkbox"/> NO		Designed/Altered for Road Use <input type="checkbox"/> YES <input type="checkbox"/> NO			10. TOTAL PAID (ADD 1 THRU 8) Send One Check In This Amount →	
	Motor Home		Chassis Mfr:		Body Make:				
	Trailer & Vehicles Below		Number of Axles:		Req. Registered Gross Wt. (Including Load)				
Truck, Truck Tractor		Sum of GAWR's:		Unladen Wt. (Empty)					
		Req. Registered Gross Combination Wt.		Gross Combination Wt. Rating					
G.	Original Registration Plate - CHECK ONE								
	<input type="checkbox"/> Registration Plate to be issued by Department (Proof of Insurance must be attached.)						<input type="checkbox"/> Transfer of Previously Issued Registration Plate <input type="checkbox"/> Transfer & Replacement of Registration Plate		
	<input type="checkbox"/> Exchange Registration Plate to be issued by Department						<input type="checkbox"/> Transfer & Renewal of Registration Plate		
	<input checked="" type="checkbox"/> Temporary Registration Plate issued by Full Agent (NOTE: This registration plate will expire 90 days from date of issuance.)						Registration Plate No.		
							Reason for Replacement <input type="checkbox"/> Lost <input type="checkbox"/> Defaced <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received (Lost in Mail)		
							Expires _____ Month _____ Year		
						Transferred From Title No.			
						VIN			
Signature of Person From Whom Registration Plate is Being Transferred (If Other Than Applicant) [Signature]						Relationship to Applicant			
Insurance Company Name			NAIC No.		Policy No. (Or Attach Binder)		Policy Effective Date	Policy Expiration Date	
ISSUING AGENT INFORMATION		I certify that on month _____ day _____ year _____, I have checked to determine that the vehicle is insured and issued temporary registration to the above applicant, in compliance with all applicable provisions of the Vehicle Code and Department regulations.				Issuing Agent (Print Name)		Agent No.	
						Issuing Agent Signature		Telephone No.	
I.	Subscribed And Sworn To Before Me: _____ Month _____ Day _____ Year				I/We certify that I/we have examined and signed this application after its completion. I/We further certify that all statements herein are TRUE and CORRECT and make application for certificate of title for the vehicle described in Section A. If any exemption is claimed, the purchaser further certifies that they are authorized to claim this exemption. I/We acknowledge that I/we may lose my/our operating privilege(s) or vehicle registration for failure to maintain financial responsibility on the currently registered vehicle for the period of registration. I/We acknowledge that I/we may be subject to a fine not exceeding \$5,000 and imprisonment of not more than two years for any false statement that I/we make on this application.				
	SIGNATURE OF PERSON ADMINISTERING OATH								
	COMMONWEALTH OF PENNSYLVANIA - NOTARY SEAL Jeanette I Braun Notary Public Montgomery County My Commission Expires 7/21/2027 Commission #1263800				Signature of Purchaser or Authorized Signer		Telephone No.		
				Signature of Co-Purchaser/Title of Authorized Signer		MESSENGER NO.			

Record #: 249459

For:
MAHIM CHOUDHURY
SAMINA KHADIR
906 PRINCETON AVE
PHILADELPHIA, PA 191110000
NON-C

Date: 12/08/2025
Time: 05:22 PM

Clerks Initials: ERB

Offline Transaction		Agency Fees	
Title Number		Commonwealth of PA - Temp/Trans	2159.91
VIN	WA1LAAGE0NB043812		
Year	2022		
Make	AUDI		
Odometer	36908		
Tag Number	NCH0013		
Comments:			
SENT TO PENNDOT			
PRIOR STATE CA NOT VA			
		Agency amount paid	2159.91
		Payment Type	CHECK(357583)
		Check to state 0	0.00
		Surcharge	0.00
		Total Agency Fees	2159.91
		Service Fees	
		Messenger Fee	0.00
		Notary Fee	0.00
		Copy/Fax Fee	0.00
		Plate Fee	20.00
		Admin/Clerical Fee	30.00
		Payment Type	OTHER
		Total Service Fee	50.00
		Surcharge	0.00
Sworn and subscribed to before me on 08-Dec-2025.		Total Surcharge	0.00
		Total Amount Due	2209.91
		Amount Tendered	2209.91
		Change Due	0.00
		No Refunds on Service or Notary fees. We are not responsible for the work the State fails to process.	
Notary Seal			

Your Direct Connection with PENNDOT, "Online", State & Service Fees Apply