

# TELECOMMUNICATIONS TAX APPLICATION



FOR OFFICIAL USE ONLY	
Account Number	
Status	Frequency

<b>Business Name</b>			<b>FEIN</b> ____ - ____ - ____
<b>Mailing Address</b>	Address		
	Address		
	City	State	ZIP Code
<b>Location Address</b>	Address		
	Address		
	City	State	ZIP Code
<b>Liability Date</b>	____ / ____ / ____		
<b>Company Type (Select Only One)</b>	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Other Provider <input type="checkbox"/> Consumer		
<b>Ownership Type (Select Only One)</b>	<input type="checkbox"/> Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Government <input type="checkbox"/> Association <input type="checkbox"/> Fiduciary <input type="checkbox"/> Joint Venture <input type="checkbox"/> Real Estate Investment Trust <input type="checkbox"/> Trust <input type="checkbox"/> Nonprofit <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LLC, tax as _____		
<b>Service Type (Select Only One)</b>	<input type="checkbox"/> Telecommunications Services <input type="checkbox"/> Multi-channel Video Programming <input type="checkbox"/> Direct Broadcast Satellite <input type="checkbox"/> Multiple Services		
<b>Contact Person Name</b>			<b>SSN</b> ____ - ____ - ____
<b>Street Address</b>	Address		
	Address		
	City	State	ZIP Code
<b>Daytime Phone</b>	(    )    -	<b>Fax</b> (    )    -	
<b>E-mail Address</b>			
<b>Position Title</b>			<b>Start Date</b> /    /

I hereby certify that the above statements are correct to the best of my knowledge and belief and that I am duly authorized to sign this application.

Signature	Title
Print Name	Date

Mail to:  
**Kentucky Department of Revenue**  
 Sales and Use Tax Division  
 P O Box 181, Station 67  
 Frankfort, KY 40602-0181  
 Phone (502) 564-5170, option 2