

FOR OFFICE USE ONLY	
<input type="checkbox"/> WH	<input type="checkbox"/> SU <input type="checkbox"/> TEL <input type="checkbox"/> CU <input type="checkbox"/> CT <input type="checkbox"/> CP <input type="checkbox"/> NRW
	<input type="checkbox"/> TR <input type="checkbox"/> UTL <input type="checkbox"/> CID <input type="checkbox"/> LL
	<input type="checkbox"/> TF
CBI #	
FEIN	
CRIS #	
RCS Flag	NAICS
Coded/Date Coded	Data Entry/Data Entered

KENTUCKY TAX REGISTRATION APPLICATION

NOTE: For your convenience, application may be filed online at <http://onestop.ky.gov>

- Incomplete or illegible applications will delay processing and will be returned.
- Print or type the application using blue or black ink only.
- Please see instructions for questions regarding completion of the application.
- **Need Help?** Call (502) 564-3306 or visit www.revenue.ky.gov

SECTION A REASON FOR COMPLETING THIS APPLICATION (Must Be Completed)

1. Effective Date ___/___/___

- Opened new business/Began activity in Kentucky
 - Resumption of business
 - Hired employees working outside KY who have a KY residence
 - Applying for other accounts/Began a new taxable activity
 - Bidding for State Government Contract (State Vendor or Affiliates)
 - Purchased an existing business (See *Instructions*)
 - Business structure change or conversion
(Specify previous type; See *Instructions*)
-
- Change in Federal Identification Number (FEIN), Kentucky Secretary of State Organization Number, or Commonwealth Business Identifier (CBI)
 - Other (*Specify*) _____

2. Previous Account Numbers (If Applicable)

- Kentucky Employer's Withholding Tax _____
- Kentucky Sales and Use Tax _____
- Kentucky Telecommunications Tax _____
- Kentucky Utilities Gross Receipts License Tax _____
- Kentucky Consumer's Use Tax _____
- Kentucky Corporation Income Tax and/or Limited Liability Entity Tax _____
- Kentucky Coal Severance & Processing Tax _____
- Kentucky Pass-Through Non-Resident Withholding _____
- Federal ID Number (FEIN) _____
- Kentucky Secretary of State Organization Number _____
- Commonwealth Business Identifier (CBI) _____

To update information for your existing account(s) or report opening a new location of your current business, use Form 10A104, Update or Cancellation of Kentucky Tax Account(s).

SECTION B BUSINESS / RESPONSIBLE PARTY / CONTACT INFORMATION (Must Be Completed)

3. Legal Business Name _____

4. Doing Business As Name (See Instructions) _____

5. Federal Employer Identification Number (FEIN)
 (Required, complete prior to submitting) -

6. Kentucky Commonwealth Business Identifier
 (if already assigned)

7. Secretary of State Information (if applicable)

Kentucky Secretary of State Organization Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Date of Incorporation/Organization ___/___/___	State of Incorporation/Organization	If an Out-of-State Entity, Date of Qualification with the Kentucky Secretary of State's Office ___/___/___

8. Primary Business Location

Street Address (<i>DO NOT</i> List a PO Box)		
City	State	Zip Code
Telephone Number () - - -	County (if in Kentucky)	

9. Accounting Period

- Calendar Year: Year Ending December 31st
- Fiscal Year: Year Ending ____/____/____ (mm/dd)
- 52/53 Week Calendar Year: December _____
(Day of Week that year ends)
- 52/53 Week Fiscal Year: _____
(Month & Day of Week that year ends)

10. Accounting Method

- Cash Accrual

11. Business Structure

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Profit Limited Liability Company (LLC)
<input type="checkbox"/> Non-Profit Limited Liability Company (LLC)
<input type="checkbox"/> Professional Limited Liability Company (PLLC)
<input type="checkbox"/> Series of a Limited Liability Company
<input type="checkbox"/> Profit Corporation
<input type="checkbox"/> Non-Profit Corporation
<input type="checkbox"/> Professional Service Corporation (PSC)
<input type="checkbox"/> Cooperative Corporation
<input type="checkbox"/> Limited Cooperative Association | <input type="checkbox"/> Association
<input type="checkbox"/> Statutory Trust
<input type="checkbox"/> Series of a Statutory Trust
<input type="checkbox"/> Business Trust
<input type="checkbox"/> Trust (Non-statutory)
<input type="checkbox"/> Limited Partnership (LP)
<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Limited Liability Limited Partnership (LLLLP)
<input type="checkbox"/> Series of a Partnership | <input type="checkbox"/> General Partnership
<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Estate
<input type="checkbox"/> Government
<input type="checkbox"/> Unincorporated Non-profit Association
<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Home Care Service Recipient (HCSR)
<input type="checkbox"/> Qualified Joint Venture (Married Couple) | <input type="checkbox"/> Protected Cell Company (PCC)
<input type="checkbox"/> Cell of a Protected Cell Company
<input type="checkbox"/> Other (<i>Specify</i>) _____ |
|---|--|--|---|

12. How Will You be Taxed for Federal Purposes?

(Sole Proprietorships, HCSRs, Qualified Joint Ventures, Estates, Governments, and Unincorporated Non-Profits SKIP question 12)

- | | |
|--|---|
| <input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation
<input type="checkbox"/> S-Corporation
<input type="checkbox"/> Cooperative
<input type="checkbox"/> Trust | <input type="checkbox"/> Single Member Disregarded Entity
<i>Check below how the Member will be taxed Federally</i>
<input type="checkbox"/> Individual Sole Proprietorship
<input type="checkbox"/> General Partnership/Joint Venture
<input type="checkbox"/> Estate
<input type="checkbox"/> Trust (Non-statutory)/Business Trust
<input type="checkbox"/> Other (<i>Specify how the Member is Federally taxed</i>) _____ |
|--|---|

13-14. OWNERSHIP DISCLOSURE-RESPONSIBLE PARTIES (REQUIRED FOR ALL BUSINESS STRUCTURES)

Full Legal Name (First, Middle, Last)		Full Legal Name (First, Middle, Last)	
Social Security Number (REQUIRED)	FEIN (if Responsible Party is another business)	Social Security Number (REQUIRED)	FEIN (if Responsible Party is another business)
Driver's License Number (if applicable)	Driver's License State of Issuance	Driver's License Number (if applicable)	Driver's License State of Issuance
Business Title	Effective Date of Title ____/____/____	Business Title	Effective Date of Title ____/____/____
Residence Address		Residence Address	
City	State	Zip Code	
Telephone Number () - - -	County (if in Kentucky)		

15. Person to contact about this application:

Name (Last, First, Middle)	Title	Daytime Telephone () -	Extension
E-mail: (By supplying your e-mail address you grant the Department of Revenue permission to contact you via e-mail.)			

SECTION C TELL US ABOUT YOUR BUSINESS OR ORGANIZATION (Must Be Completed)

16. A. Describe the nature of your business activity in Kentucky, including any services provided.

B. If you make sales in Kentucky, list the products sold. _____

C. Describe the nature of your business activity outside Kentucky, including any services provided.

D. Business operations are primarily: Home Based Web Based Office/Store Based Transient

- | | | |
|---|--------------------------|--------------------------|
| 17. Do you have or will you hire employees to work in Kentucky within the next 6 months?
(An employee is anyone to whom you pay wages, including part-time help and family members.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you wish to voluntarily withhold on Kentucky residents who work outside Kentucky? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you wish to voluntarily withhold on pension and retirement payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. If your business is choosing taxation as a corporation for Federal purposes, will the Kentucky officers receive compensation other than dividends? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Will your business be registered to make charitable or other lawful gaming payouts in Kentucky and be required to withhold Federal tax from those payouts? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to ANY of questions 17 through 21, you must complete SECTION D.

- | | | |
|---|--------------------------|--------------------------|
| 22. Will you make retail and/or wholesale sales of tangible personal property or digital property in Kentucky?
(Examples: prepared food, Internet sales, downloaded music and books, see Instructions for more.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Will you install replacement parts for the repair or recondition of tangible personal property?
(Examples: automotive repairs, computer or electronics repair, furniture repair, see Instructions for more.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Will you produce, fabricate, process, print or imprint tangible personal property?
(Examples: sign making, window tinting, embroidery, screen printing, engraving, see Instructions for more.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Will you rent or lease tangible personal property or digital property to others, including related companies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Will you charge taxable admissions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Will you rent temporary lodging to others? (See Instructions for definition of temporary.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Will you sell for or are you a manufacturer's agent soliciting orders for a nonresident seller not registered in Kentucky? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Will you receive receipts from the breeding of a stallion to a mare in Kentucky? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Will you make sales of motor vehicles to residents of AZ, CA, FL, IN, MA, MI, SC, or WA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Will you make sales of aviation jet fuel? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Are you a manufacturing fee processor or a contract miner located in Kentucky? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Are you bidding on a contract with Kentucky state government to be a state vendor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Are you an affiliate of a company that has been awarded a Kentucky state government contract and is a state vendor? | <input type="checkbox"/> | <input type="checkbox"/> |

35. Will you sell any of the following?

- | | |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> A. Coal or other minerals | <input type="checkbox"/> <input type="checkbox"/> E. Sewer services |
| <input type="checkbox"/> <input type="checkbox"/> B. Water utilities | <input type="checkbox"/> <input type="checkbox"/> F. Communications services |
| <input type="checkbox"/> <input type="checkbox"/> C. Natural, artificial, or mixed gas utilities | <input type="checkbox"/> <input type="checkbox"/> G. Multichannel video programming services
*(see Instructions) |
| <input type="checkbox"/> <input type="checkbox"/> D. Electricity | <input type="checkbox"/> <input type="checkbox"/> H. Direct broadcast satellite services
*(see Instructions) |

If you answered "YES" to ANY of questions 22 through 35 F, you must complete SECTION E and you may SKIP questions 36-37.

If you answered "YES" to ANY of questions 35 B through 35 G, you must complete SECTION F.

If you answered "YES" to ANY of questions 35 F through 35 H, you must complete SECTION G.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 36. Are you a construction company/contractor that will bring into this state construction materials or supplies on which no Kentucky sales tax or equivalent has been paid? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Will you make purchases from out-of-state vendors and not pay Kentucky Sales or Use Tax to the seller on those purchases? | <input type="checkbox"/> | <input type="checkbox"/> |
- (If you are a PROFESSIONAL SERVICE business or if your business will make a one-time purchase only, please see Instructions for important additional details.)

If you answered "YES" to questions 36 and/or 37, you must complete SECTION H.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 38. Will you mine coal that you own or possess the mineral rights to, either by deed, lease, consent, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Does your company perform one or more of the following activities:
(Processing means cleaning, breaking, sizing, dust allaying, treating to prevent freezing, or loading or unloading for any purpose.) | | |
| A. Purchase coal for the purpose of processing and resale? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Process refuse coal? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Purchase and sell coal as a coal broker? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to ANY of questions 38 through 39 C, you must complete SECTION I and SECTION E.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 40. Is your business/organization a corporation, S corporation, cooperative, limited cooperative association, association, statutory trust, series of a statutory trust, limited partnership (LP), limited liability partnership (LLP), limited liability limited partnership (LLLLP), series of a partnership, limited liability company (LLC), series of a limited liability company, protected cell company (PCC), cell of a protected cell company, unincorporated non-profit association or any entity taxed as one of the above, or similar entity created with limited liability for the partners, members or shareholders? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to question 40, you must answer questions 41 through 51.

**Sole Proprietorships, HCSRs, Qualified Joint Ventures, Estates, and Governments
SKIP questions 41 through 51.**

- | | Yes | No |
|---|--------------------------|--------------------------|
| 41. Is your corporation incorporated or your limited liability entity organized under the laws of Kentucky with the Kentucky Secretary of State's Office? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Will your corporation/limited liability entity have its commercial domicile in Kentucky? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Will your corporation/limited liability entity own or lease any real or tangible personal property located in Kentucky? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Will your corporation/limited liability entity have one or more individuals performing services in Kentucky? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Will your corporation/limited liability entity maintain an interest in a pass-through entity doing business in Kentucky? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Will your corporation/limited liability entity derive income from, or attributable to, sources within Kentucky? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Will your corporation/limited liability entity derive income directly or indirectly from a trust doing business in Kentucky? | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Will your corporation/limited liability entity derive income directly or indirectly from a single-member limited liability company that is doing business in Kentucky and is disregarded as an entity separate from its single member for federal income tax purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Will your corporation/limited liability entity direct activities at Kentucky customers for the purpose of selling them goods? | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Will your corporation/limited liability entity direct activities at Kentucky customers for the purpose of selling them services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Will your corporation/limited liability entity own/lease any intangible property or receive payments from a related member as defined in KRS 141.205(1)(g) or an unrelated party for the use of intangible property in Kentucky such as royalties, franchise agreements, patents, trademarks, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to ANY of questions 41 through 51, you must complete SECTION J.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 52. Is this business considered a pass-through entity as defined in KRS 141.010(26)? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to question 52, you must answer question 53 A and B.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 53. Does your pass-through entity have nonresident: | | |
| A. Individual partner(s), shareholder(s), or member(s) that receive Kentucky distributive share income from your pass-through entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Corporate partner(s) or member(s) that receive Kentucky distributive share income from your pass-through entity? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to question 53 A and/or B, you must complete SECTION K.

SECTION D

EMPLOYER'S WITHHOLDING TAX ACCOUNT
Must be completed if you answered "YES" to ANY of the questions 17 through 21.

54. A. Has a Kentucky Employer's Withholding Tax Account already been assigned to this business? Yes No

B. If yes, list the Employer's Withholding Tax Account Number

55. Number of Kentucky employees _____

59. *Employer's Withholding Tax* returns should be mailed to:

56. Date wages/pensions first paid or will be paid **(REQUIRED)**

Use the same address as listed on Page 2, Section B, Question 8

___ / ___ / ___

57. Estimated total annual tax withheld in Kentucky:

\$0.00-\$399.99 \$2,000.00-\$49,999.99

\$400.00-\$1,999.99 \$50,000.00 or more

c/o or Attn.		
Address		
City	State	Zip Code
Mailing Telephone Number () -	County (if in Kentucky)	

58. Is the withholding for your employees reported by a Common Paymaster or a Common Pay Agent? Yes No

Note: Most payroll processors do NOT operate as Common Paymasters/Pay Agents. If using a payroll processor, check with them to determine if you should answer yes to the above question.

If yes, select the type and provide Paymaster/Pay Agent's Information:

A. Common Paymaster Common Pay Agent

B. Business Name _____

C. FEIN -

D. Kentucky Employer's Withholding Tax Account Number

SECTION E

SALES AND USE TAX ACCOUNT
TRANSIENT ROOM TAX ACCOUNT AND MOTOR VEHICLE TIRE FEE ACCOUNT
Must be completed if you answered "YES" to ANY of questions 22 through 35 F or any of questions 38 through 39C.

60. A. Has a Kentucky Sales and Use Tax Account already been assigned to this business? Yes No

B. If yes, list the Sales and Use Tax Account Number

61. Date sales began or will begin **(REQUIRED)**

___ / ___ / ___

62. **Do you rent temporary lodging to others?** Yes No

63. **Do you sell new tires for motor vehicles?** Yes No

64. Estimated gross monthly sales tax collected in Kentucky:

\$0.00-\$ 199.99 \$1,200.00 or more

\$200.00-\$1,199.99

66. *Sales and Use Tax* returns should be mailed to:

Use the same address as listed on Page 2, Section B, Question 8

c/o or Attn.		
Address		
City	State	Zip Code
Mailing Telephone Number () -	County (if in Kentucky)	

65. A. Does this business have additional locations in Kentucky other than the one listed on Page 2, Section B, Question 8?

Yes No

B. If yes, attach a listing of all additional Kentucky locations. For each location, the attachment should include: doing business as (DBA) name, physical location address, phone number, date location was opened, and a description of the location's business activity.

SECTION F

UTILITY GROSS RECEIPTS LICENSE TAX ACCOUNT

Must be completed if you answered "YES" to ANY of questions 35 B through 35 G.

67. A. Has a Kentucky Utility Gross Receipts License Tax Account already been assigned to this business? Yes No

B. If yes, list the Utility Gross Receipts License Tax Account Number

68. Date sales of utilities began or will begin
(REQUIRED)

___ / ___ / _____

Once the account for *Utility Gross Receipts License Tax* is assigned, use the following website to set up account for online filing of returns.

<http://revenue.ky.gov/business/utillschool.htm>

69. Telephone Number

(_____) _____ - _____

SECTION G

TELECOMMUNICATIONS TAX ACCOUNT

Must be completed if you answered "YES" to ANY of questions 35 F through 35 H.

70. A. Has a Kentucky Telecommunications Tax Account already been assigned to this business? Yes No

B. If yes, list the Telecommunications Tax Account Number

71. Does your organization have tangible personal property located within the Commonwealth of Kentucky? Yes No

72. Date sales of communications began or will begin
(REQUIRED)

___ / ___ / _____

Once the account for *Telecommunications Tax* is assigned, use the following website to set up account for online filing of returns.

<http://revenue.ky.gov/business/Telecom.htm>

73. Telephone Number

(_____) _____ - _____

SECTION H

CONSUMER'S USE TAX ACCOUNT
 Must be completed if you answered "YES" to questions 36 and/or 37.

74. A. Has a Consumer's Use Tax Account already been assigned to this business? Yes No

B. If yes, list the Consumer's Use Tax Account Number

75. Date purchases began or will begin **(REQUIRED)**

___ / ___ / ___

76. *Consumer's Use Tax* returns should be mailed to:

Use the same address as listed on Page 2, Section B, Question 8

c/o or Attn.		
Address		
City	State	Zip Code
Mailing Telephone Number () -	County (if in Kentucky)	

SECTION I

COAL SEVERANCE/PROCESSING TAX ACCOUNT and/or COAL SELLER/PURCHASER CERTIFICATE ID #
 Must be completed if you answered "YES" to ANY of questions 38 through 39 C.

77. A. Has a Coal Severance Tax Account and/or a Coal Seller/Purchaser Certificate ID # already been assigned to this business? Yes No

B. If yes, list the Coal Severance Tax Account Number

If yes, list the Coal Seller/Purchaser Certificate ID Number

78. Date mining/processing or coal brokering operations began or will begin **(REQUIRED)**

___ / ___ / ___

79. *Coal Severance & Processing Tax* returns should be mailed to:

Use the same address as listed on Page 2, Section B, Question 8

c/o or Attn.		
Address		
City	State	Zip Code
Mailing Telephone Number () -	County (if in Kentucky)	

SECTION J

CORPORATION INCOME AND/OR LIMITED LIABILITY ENTITY TAX ACCOUNT

Must be completed if you answered "YES" to ANY of the questions 41 through 51.

80. A. Has a Corporation Income and/or Limited Liability Entity Tax Account already been assigned to this business? Yes No
 B. If yes, list the Corporation Income or Limited Liability Entity Tax Account Number

81. A. Is your entity exempt from Corporation Income Tax and/or Limited Liability Entity Tax under Kentucky law? Yes No

B. If yes, select the exemption type below:

- Financial institution, as defined in KRS 136.500, except banker's banks organized under KRS 287.135 or KRS 286.3-135
- Savings and loan association organized under the laws of this state and under the laws of the United States and making loans to members only
- Bank for cooperatives
- Production credit association
- Insurance company, including farmers or other mutual hail, cyclone, windstorm, or fire insurance companies, insurers, and reciprocal underwriters (does not include insurance agencies)
- Corporation or other entity exempt under Section 501 of the Internal Revenue Code
- Religious, educational, charitable, or like corporation not organized or conducted for pecuniary profit
- Corporation whose only owned or leased property located in this state is located at the premises of a printer with which it has contracted for printing, provided that: 1. The property consists of the final printed product, or copy from which the printed product is produced; and 2. The corporation has no individuals receiving compensation in this state as provided in KRS 141.120(8)(b)
- Public service corporation subject to tax under KRS 136.120
- Open-end registered investment company organized under the laws of this state and registered under the Investment Company Act of 1940
- Any property or facility which has been certified as a fluidized bed energy production facility as defined in KRS 211.390
- An alcohol production facility as defined in KRS 247.910
- Real estate investment trust (REIT) as defined in Section 856 of the Internal Revenue Code
- Regulated investment company (RIC) as defined in Section 851 of the Internal Revenue Code
- Real estate mortgage investment conduit (REMIC) as defined in Section 860D of the Internal Revenue Code
- Personal service corporation as defined in Section 269A(b)(1) of the Internal Revenue Code
- Qualified investment partnership (QIP) as defined in KRS 141.206(15)
- Cooperative described in Sections 521 and 1381 of the Internal Revenue Code (*Select category below*)
 - Farmers' agricultural and other cooperatives organized or recognized under KRS Chapter 272
 - Advertising cooperatives
 - Purchasing cooperatives
 - Homeowner's associations including those described in Section 528 of the Internal Revenue Code
 - Political organizations as defined in Section 527 of the Internal Revenue Code
 - Rural electric and rural telephone cooperatives

C. If **Political Organization** selected above, are you required to file Federal Form 1120-POL? Yes No

82. A. Is this entity treated Federally as a division of a parent company and not separately taxed as its own entity? Yes No

B. If yes, select the division type below:

- Qualified Subchapter S-corporation Subsidiary (QSUB)
- Qualified Real Estate Investment Trust Subsidiary (QRS)

83. If an out-of-state entity, is your Kentucky activity limited to the mere solicitation of the sale of tangible personal property and exempt from Corporation Income tax due to Public Law 86-272? Yes No

84. If an out-of-state entity, date that activity or receipt of pass through income began or will begin in Kentucky

___ / ___ / ___

85. *Corporation Income and/or Limited Liability Entity Tax* correspondence should be mailed to:

Use the same address as listed on Page 2, Section B, Question 8

c/o or Attn.		
Address		
City	State	Zip Code
Mailing Telephone Number () -		County (if in Kentucky)

SECTION K

KENTUCKY NONRESIDENT INCOME TAX WITHHOLDING ON DISTRIBUTIVE SHARE INCOME TAX ACCOUNT

Must be completed if you answered "YES" to question 53 A and/or 53 B.

86. A. Has a Kentucky Nonresident Income Tax Withholding on Distributive Share Income Tax Account already been assigned to this business?
[] Yes [] No

B. If yes, list the Kentucky Nonresident Income Tax Withholding on Distributive Share Income Tax Account Number

Grid of 10 empty boxes for account number

87. A. Is your entity exempt from Kentucky Nonresident Income Tax Withholding on Distributive Share Income Tax under Kentucky law?
[] Yes [] No

B. If yes, select the exemption type below:

- List of exemption types with checkboxes: Financial institution, Savings and loan association, Bank for cooperatives, Production credit association, Insurance company, Corporation or other entity exempt under Section 501, Religious, educational, charitable, or like corporation, Corporation whose only owned or leased property located in this state is located at the premises of a printer, Publicly Traded Partnership, Qualified Investment Partnership (QIP), Qualified Subchapter S-Corporation Subsidiary (QSUB)

88. Date first nonresident corporation or individual became a partner, member, or shareholder (REQUIRED)

___ / ___ / ___ - ___ - ___

89. Kentucky Nonresident Income Tax Withholding on Distributive Share Income Tax correspondence should be mailed to:

[] Use the same address as listed on Page 2, Section B, Question 8

Form for mailing address: c/o or Attn., Address, City, State, Zip Code, Mailing Telephone Number, County (if in Kentucky)

IMPORTANT: THIS APPLICATION MUST BE SIGNED BELOW:

The statements contained in this application and any accompanying schedules are hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this application.

Signed: _____

Signed: _____

Phone Number: _____

Phone Number: _____

Title: _____ Date: ___/___/___ (mm/dd/yyyy)

Title: _____ Date: ___/___/___ (mm/dd/yyyy)

For assistance in completing the application, please call the **Taxpayer Registration Section** at **(502) 564-3306**, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m., Eastern Time, or you may contact one of the Kentucky Taxpayer Service Centers or use the Telecommunications Device for the Deaf. Each office is open Monday through Friday, 8:00 a.m. to 5:00 p.m., local time. For a list of Taxpayer Service Centers and phone numbers, see the Instructions.

SEND completed application to: **KENTUCKY DEPARTMENT OF REVENUE**
TAXPAYER REGISTRATION SECTION
P.O. BOX 299, STATION 20
FRANKFORT, KENTUCKY 40602-0299

FAX: **502-227-0772**

E-MAIL: **DOR.WEBResponseRegistration@ky.gov**

If you are applying for an Employer's Withholding Account and/or a Sales and Use Tax Account and would like to register for **Electronic Funds Transfer (EFT)**, visit the Kentucky Department of Revenue website at www.revenue.ky.gov.

This form does not include registration with the Secretary of State, Unemployment Insurance, or Workers' Compensation Insurance. For assistance, please contact those offices at the numbers below.

Secretary of State	(502) 564-3490	Unemployment Insurance	(502) 564-2272	Workers' Compensation	(502) 564-5550
IRS—FEIN	(800) 829-4933				

For assistance with other questions about starting a business in Kentucky, including special licensing and permitting requirements, business structure registration, employer responsibilities, and business development resources, call the Business Information Clearinghouse at 1-800-626-2250 or visit the Kentucky Business One Stop website at <http://onestop.ky.gov>.

FOR OFFICE USE ONLY		
CRIS#	CBI#	
WH#	SU#	TR#
TF#	TEL#	UTL#
CU#	CT#	CID#
CP/LL#	NRWH#	



The Kentucky Department of Revenue does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, sexual orientation, gender identity, veteran status, genetic information or ancestry in employment or the provision of services.