

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	
<input type="checkbox"/> CMRS	
CBI #	
FEIN	
CRIS #	
RCS Flag	NAICS
Coded/Date Coded	Data Entry/Data Entered

## KENTUCKY TAX REGISTRATION APPLICATION

**For faster service, apply online at**  
<http://onestop.ky.gov>

- Incomplete or illegible applications will delay processing and will be returned.
- See instructions for questions regarding completion of the application.
- **Need Help?** Call (502) 564-3306 or  
 Email [DOR.WEBResponseRegistration@ky.gov](mailto:DOR.WEBResponseRegistration@ky.gov)

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

**TIP** 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)*.

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*)

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- Change of Federal Identification Number (FEIN), Kentucky Secretary of State Organization Number, or Commonwealth Business Identifier (CBI)
- Other (*Specify*) \_\_\_\_\_

3. **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) \_\_\_\_\_

2. **A. Did you receive correspondence from the Division of Registration and Data Integrity requesting registration of this business?**

- Yes  No

**B. If "Yes", enter the File Number located at the top of the letter you received.**

File Number
-------------

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

4. **Legal Business Name** \_\_\_\_\_

5. **Doing Business As (DBA) Name (See instructions)** \_\_\_\_\_

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

7. **Kentucky Commonwealth Business Identifier**  
 (if already assigned)

8. **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 you are an Out-of-State Entity, Date of Qualification with the Kentucky Secretary of State's Office ___/___/___

**9. Primary Business Location**

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

**11. Accounting Period**

- Calendar Year: Year Ending December 31<sup>st</sup>
- Fiscal Year: Year Ending \_\_\_\_/\_\_\_\_ (mm/dd)
- 52/53 Week Calendar Year: December \_\_\_\_\_  
(Day of week year ends)
- 52/53 Week Fiscal Year: \_\_\_\_\_  
(Month & day of week year ends)

**10. Business Operations are Primarily**

- Home Based
- Web Based
- Office/Store Based
- Transient

**12. Accounting Method**

- Cash
- Accrual

**13. Business Structure**

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

**14. How Will You be Taxed for Federal Purposes?**

**(Sole Proprietorships, HCSRs, Qualified Joint Ventures, Estates, Governments, and Unincorporated Non-Profits SKIP question 14)**

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

**15-16. OWNERSHIP DISCLOSURE-RESPONSIBLE PARTIES (REQUIRED FOR ALL BUSINESS STRUCTURES)**



See instructions regarding required responsible parties for your business structure

Full Legal Name (First Middle Last)		Full Legal Name (First Middle Last)	
Social Security Number ( <b>REQUIRED</b> )	FEIN (if Responsible Party is another business)	Social Security Number ( <b>REQUIRED</b> )	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)		

17. Person to contact about this application:

Name (First Middle Last)	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)**

18. Describe the nature of your business activity in Kentucky, including products sold.

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The following questions will determine your need for an Employer's Withholding Tax Account.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 19. Do you have or will you hire employees to work in Kentucky within the next 6 months? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>TIP</b> An employee is anyone to whom you pay wages, including part-time help and family members. Kentucky corporate officers receiving compensation other than dividends are also considered employees. |                          |                          |
| 20. Do you wish to voluntarily withhold on Kentucky residents who work outside Kentucky?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you wish to voluntarily withhold on pension and retirement payments?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. 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 19 through 22, you must complete SECTION D.



The following questions will determine your need for a Sales and Use Tax Account, the schedules you may need to file, and/or your need for a Transient Room Tax Account, Motor Vehicle Tire Fee Account, Commercial Mobile Radio Service (CMRS) Prepaid Service Charge Account, Utility Gross Receipts License Tax Account, and/or Telecommunications Tax Account.

Sales and Use Tax Account

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 23. Will you make retail and/or wholesale sales of tangible or digital property in Kentucky? .....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>TIP</b> Examples: prepared food, internet sales, downloaded music and books (see instructions for more).            |                          |                          |
| 24. Will you install replacement parts for the repair or recondition of tangible property?.....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>TIP</b> Examples: automotive repairs, computer or electronics repair, furniture repair (see instructions for more). |                          |                          |
| 25. Will you produce, fabricate, process, print or imprint tangible property? .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>TIP</b> Examples: sign making, window tinting, embroidery, screen printing, engraving (see instructions for more).  |                          |                          |
| 26. Will you rent or lease tangible or digital property to others, including related companies?.....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Will you charge taxable admissions? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Are you a manufacturer's agent soliciting orders for a nonresident seller not registered in Kentucky?.....         | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Are you a manufacturing fee processor or a contract miner operating in Kentucky?.....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Are you bidding on a contract with Kentucky state government? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Are you an affiliate of a company who has been awarded a Kentucky state government contract?.....                  | <input type="checkbox"/> | <input type="checkbox"/> |

Sales and Use Tax Account Schedules

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 32. Will you receive receipts from the breeding of a stallion to a mare in Kentucky?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Will you make sales of aviation jet fuel? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Will you make sales of motor vehicles to residents of Arizona, California, Florida, Indiana, Massachusetts, Michigan, South Carolina, or Washington?..... | <input type="checkbox"/> | <input type="checkbox"/> |

CONTINUED ON NEXT PAGE

Transient Room Tax Account

35. Will you rent temporary lodging to others? (See instructions for definition of "temporary.") .....  Yes  No

Motor Vehicle Tire Fee Account

36. Will you sell new tires for motor vehicles? .....  Yes  No

Commercial Mobile Radio Service (CMRS) Prepaid Service Charge Account

37. Will you sell cellular phones with preloaded minutes, prepaid cellular phone cards, or recharge cellular phones and cards with minutes? .....  Yes  No

Utility Gross Receipts License Tax Account and/or Telecommunications Tax Account

38. Were you approved for an Energy Direct Pay Authorization with a Utility Gross Receipts License Tax Exemption? (Attach a copy of your official UGRLT Exemption Authorization.) .....  Yes  No

39. Will you sell any of the following?

Yes No

A. Water utilities

B. Natural, artificial, or mixed gas utilities

C. Electricity

D. Sewer services

Yes No

E. Communications services

F. Multichannel video programming services  
\*(see instructions)

G. Direct broadcast satellite services  
\*(see instructions)

**If you answered "Yes" to any of questions 23 through 39 E, you must complete SECTION E.**

**If you answered "Yes" to any of questions 38 through 39 F, you must complete SECTION F.**

**If you answered "Yes" to any of questions 39 E through 39 G, you must complete SECTION G.**



**The following question will determine your need for a Consumer's Use Tax Account.**

**Skip question 40 if you must complete Section E.**

40. Will you make purchases from out-of-state vendors and not pay Kentucky Sales or Use Tax to the seller on those purchases? .....  Yes  No



**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 question 40, you must complete SECTION H.**



**The following questions will determine your need for a Corporation Income Tax Account and/or a Limited Liability Entity Tax Account.**

If your answer to questions 13 and 14 was NOT Sole Proprietorship, HCSR, Qualified Joint Venture, Estate, Government, General Partnership taxed as a Partnership, or Joint Venture taxed as a Partnership, you must complete questions 41 through 47.

41. Are you organized under the laws of Kentucky with the Kentucky Secretary of State's Office? .....  Yes  No

42. Will your business have its commercial domicile in Kentucky? .....  Yes  No

43. Will your business own or lease any real or tangible property in Kentucky? .....  Yes  No

44. Will your business have one or more individuals performing services in Kentucky? .....  Yes  No

45. Will your business maintain an interest in a pass-through entity or derive income from Kentucky sources? .....  Yes  No

46. Will you direct activities toward Kentucky customers for the purpose of selling them goods and/or services? .....  Yes  No

47. Will your business 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.? .....  Yes  No

**If you answered "Yes" to any of questions 41 through 47, you must complete SECTION I.**



**The following questions will determine your need for a  
Kentucky Nonresident Income Tax Withholding on Distributive Share Income Tax Account.**

48. Is the business considered a pass-through entity as defined in KRS 141.010(26)? ..... Yes No

**If you answered "Yes" to question 48, you must answer questions 49 A and 49 B.**

49. Does your pass-through entity have nonresident: Yes No

A. Individual partner(s), shareholder(s), or member(s) receiving Kentucky distributive share income from your pass-through entity? .....

**TIP** "Individual" includes estates and trusts.

B. Corporate partner(s) or member(s) receiving Kentucky distributive share income from your pass-through entity? .....

**If you answered "Yes" to questions 49 A and/or 49 B, you must complete SECTION J.**



**The following questions will determine your need for a  
Coal Severance/Processing Tax Account and/or a Coal Seller Purchaser Certificate ID#.**

50. Will you mine coal you own or possess the mineral rights to?..... Yes No

51. Will you purchase coal for the purpose of processing and resale, or do you process refuse coal? .....

**TIP** Processing means cleaning, breaking, sizing, dust allaying, treating to prevent freezing, or loading or unloading for any purpose.

52. Will you purchase and sell coal as a coal broker? .....

**If you answered "Yes" to any of questions 50 through 52, you must complete SECTION K and SECTION E.**

**SECTION D**

**EMPLOYER'S WITHHOLDING TAX ACCOUNT**

**Must be completed if you answered "Yes" to any of questions 19 through 22.**

53. 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 [ ] [ ] [ ] [ ] [ ] [ ]

54. Number of Kentucky employees \_\_\_\_\_

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

\_\_\_ / \_\_\_ / \_\_\_

56. 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

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

- Use the same address as your location address
- Use the same address as \_\_\_\_\_ Tax Account

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

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



**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 question above.**

B. If "Yes", attach a separate sheet listing which you use, Common Paymaster or Common Pay Agent, and provide their Business Name, FEIN, and Kentucky Employer's Withholding Tax Account Number.

**SECTION E SALES AND USE TAX ACCOUNT  
TRANSIENT ROOM TAX ACCOUNT  
MOTOR VEHICLE TIRE FEE ACCOUNT  
COMMERCIAL MOBILE RADIO SERVICE (CMRS) PREPAID SERVICE CHARGE ACCOUNT**  
Must be completed if you answered "Yes" to any of questions 23 through 39 E or any of questions 50 through 52.

59. 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

60. Date sales began or will begin (REQUIRED)  
 \_\_\_ / \_\_\_ / \_\_\_ - \_\_\_ - \_\_\_

63. Sales and Use Tax returns should be mailed to:  
 Use the same address as your location address  
 Use the same address as \_\_\_\_\_ Tax Account

61. Estimated gross monthly sales tax collected in Kentucky:  
 \$0.00-\$1,199.99  \$1,200.00 or more

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

62. A. Does this business have additional locations in Kentucky other than the Primary Business Location?  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 38 through 39 F.

64. 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

65. Date sales of utilities began or will begin (REQUIRED)  
 \_\_\_ / \_\_\_ / \_\_\_ - \_\_\_ - \_\_\_



Once the account for Utility Gross Receipts License Tax is assigned, use the website below to set up account for e-file.

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

66. Telephone Number  
 (       )       -      

**SECTION G TELECOMMUNICATIONS TAX ACCOUNT**  
Must be completed if you answered "Yes" to any of questions 39 E through 39 G.

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

B. If "Yes", list the Telecommunications Tax Account Number

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

69. Date sales of communications began or will begin (REQUIRED)  
 \_\_\_ / \_\_\_ / \_\_\_ - \_\_\_ - \_\_\_



Once the account for Telecommunications Tax is assigned, use the website below to set up account for e-file.

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

70. Telephone Number  
 (       )       -

**SECTION H**

**CONSUMER'S USE TAX ACCOUNT**  
 Must be completed if you answered "Yes" to question 40.

71. 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

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

\_\_\_ / \_\_\_ / \_\_\_

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

- Use the same address as your location address
- Use the same address as \_\_\_\_\_ Tax Account

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

**SECTION I**

**CORPORATION INCOME AND/OR LIMITED LIABILITY ENTITY TAX ACCOUNT**  
 Must be completed if you answered "Yes" to any of questions 41 through 47.

74. 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

75. 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)

76. 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

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

\_\_\_ / \_\_\_ / \_\_\_

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

- Use the same address as your location address
- Use the same address as \_\_\_\_\_ Tax Account

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

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

B. If "Yes", see **Exemption Table 1** in the instructions to provide the code for your Exemption Type. \_\_\_\_\_

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

**SECTION J**

**KENTUCKY NONRESIDENT INCOME TAX WITHHOLDING ON DISTRIBUTIVE SHARE INCOME TAX ACCOUNT**

**Must be completed if you answered "Yes" to question 49 A and/or 49 B.**

80. 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

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

\_\_\_/\_\_\_/\_\_\_

83. Nonresident Distributive Share Withholding Tax correspondence should be mailed to:

- Use the same address as your location address
- Use the same address as \_\_\_\_\_ Tax Account

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

B. If "Yes", see Exemption Table 2 in the instructions to provide the code for your Exemption Type.

\_\_\_\_\_

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

**SECTION K**

**COAL SEVERANCE/PROCESSING TAX ACCOUNT and/or COAL SELLER/PURCHASER CERTIFICATE ID #**

**Must be completed if you answered "Yes" to any of questions 50 through 52.**

84. 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

C. If "Yes", list the Coal Seller/Purchaser Certificate ID Number

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

\_\_\_/\_\_\_/\_\_\_

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

- Use the same address as your location address
- Use the same address as \_\_\_\_\_ Tax Account

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 **Division of Registration** 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 use the Telecommunications Device for the Deaf at (502) 564-3058.

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

**FAX:**    **502-227-0772**

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

If you would like to register for **Electronic Funds Transfer (EFT)**, visit the Kentucky Department of Revenue website at <http://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#	CMRS#	TEL#
UTL#	CU#	CP/LL#
NRWH#	CT#	CID#



*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.*