## 10A100 (6-08) KENTUCKY TAX REGISTRATION APPLICATION FOR OFFICE USE ONLY Commonwealth of Kentucky Need Help? Call (502) 564-3306 or visit www.revenue.ky.gov CRIS **DEPARTMENT OF REVENUE** Incomplete or illegible applications will delay processing and will be returned. NAICS Print or type the application using blue or black ink only. Please see instructions for questions regarding completion of the application. Coded Data Entered MAIL or FAX completed application to: KENTUCKY DEPARTMENT OF REVENUE P. O. BOX 299, STATION 20 Date Coded FRANKFORT, KENTUCKY 40602-0299 Date Data Entered FAX: (502) 227-0772 SECTION A REASON FOR COMPLETING THIS APPLICATION (Must Be Completed) **Effective Date** 11/01/2012 Previous Owner's Account Numbers (If Applicable): X Opened new business Kentucky Withholding Tax Resumption of business Kentucky Corporation Income Tax Opened new location of current business (See Instructions) Kentucky Limited Liability Entity Tax\_ Applying for additional tax accounts Kentucky Sales and Use Tax Hired employees working in Kentucky Kentucky Coal Severance Tax Hired employees working out-of-state with a KY residence Federal ID Number (FEIN) Updating information (See Instructions) 3. Your Current Account Numbers (If Applicable) State Government Vendor and/or Affiliates Kentucky Withholding Tax Other (Specify) Kentucky Corporation Income Tax Kentucky Limited Liability Entity Tax Change in Ownership Kentucky Sales and Use Tax Ownership change - Previous type Kentucky Coal Severance Tax Purchased an existing business (See Instructions) Federal ID Number (FEIN) 46-1278229 BUSINESS/RESPONSIBLE PARTY/ CONTACT INFORMATION (Must Be Completed) SECTION B Legal Business Name Kannady, PLLC Doing Business As (See Instructions) 6. Federal Employer Identification Number (FEIN) Business Location-Street Address (DO NOT List a P.O. Box as a Location Address) 7. 6314 Breeze Hill Rd City Crestwood State KY Zip Code 40014 County (if in Kentucky) Oldham **9. Location Telephone** 502-291-7229 Describe the nature of your business activity in Kentucky, including any services provided. 10. A. Legal services / Law firm B. Describe the nature of your business activity outside Kentucky, including any services provided. C. If you make sales in Kentucky, list the products sold. 11. Accounting Period Calendar Year (year ending December 31st) Fiscal Year (year ending (mm/dd)) 12. Ownership Type Sole Proprietor Association Real Estate Investment Trust Other (See Instructions) General Partnership Homeowner's Association Estate Corporation Joint Venture Limited Partnership S corporation Trust Limited Liability Partnership (LLP or LLLP) Government Non-Profit (See Instructions) X Limited Liability Company (LLC) 13. If "LIMITED LIABILITY COMPANY" is Checked Above, How Will You be Taxed for Federal Purposes? A. Partnership Single Member-Disregarded Entity, member taxed as: B. Corporation D. Individual C. S corporation □ E. Other (Specify) 14-17. OWNERSHIP DISCLOSURE-RESPONSIBLE PARTIES (REQUIRED FOR ALL OWNERSHIP TYPES) Social Security Number Name (Last, First, MI) **Business Title** Residential Address, City, State, Zip Code (REQUIRED) 6314 Breeze Hill Rd Crestwood, KY 40014 Kannady, Matthew Owner 406-33-9945 18. Contact's Name Matthew Kannady 19. Contact's Title Owner 20. Contact's E-Mail Address

(By supplying your e-mail address you grant the Department of Revenue permission to contact you via the Internet.)

Extension

Fax

Daytime Telephone 502-291-7229

## YOU MUST ANSWER ALL QUESTIONS IN SECTION C.

	CECTION C						
	SECTION C TELL US ABOUT YOUR BUSINESS OR ORGANIZATION (Must Be Completed)						
22	A. Do you have or will you hire employees to work in Kontucky within the most of your to	Yes	No				
	22. A. Do you have or will you hire employees to work in Kentucky within the next 6 months?  B. Will you employ Kentucky residents, who work outside Kentucky, on which you wish to voluntarily withhold?						
23	" U YVVI PUSITESS IS A COMDOMITOR OF HIMITOR HISINITY COMPONY Character 44".						
	the residually effective compensation other than dividends?	X					
	If you answered "YES" to EITHER question 22 or 23, you must complete SECTION D.	_					
24	. Will you make retail and/or wholesale sales in Kentucky?	<u>Ye</u> s	<u>No</u>				
	Will you repair, install replacement parts, produce, fabricate, process, print or imprint tangible personal property?						
	· •••• you removed as tangible personal property to others, including related companies?	_					
	This you charge taxable authissions?		巤				
	Transport on temporary louging to others?		巤				
	with you sell for or are you a manufacturer's agent soliciting orders for a nonresident seller not registered in Kentucky?		閚				
30	will you receive receipts from the breeding of a stallion to a mare in Kentucky?	=	\				
31	will you make sales of motor vehicles to residents of AZ, CA, FL, IN, MA, MI, SC, or WA?	H	閚				
32.	Will you sell any of the following?		ы				
	Yes No						
	A. Coal or other minerals X E. Communication services						
	B. Water utilities X F. Sewer services						
	C. Natural, artificial, or mixed gas X G. Cable services						
	D. Electricity  H. Satellite broadcast services						
	If you answered "YES" to ANY of questions 24 through 32 (except 32 G or H),						
	you must complete SECTION E and you may SKIP questions 33-34.						
33.	Are you a construction company/contractor that will bring into this state construction materials or supplies on which	Yes	No				
	no Kentucky sales tax or equivalent has been paid?	П	$\overline{X}$				
34.	Will you make purchases from out-of-state vendors and not have kentucky ealer or use tay to the called an the second	_	Ш				
	purchases? (IF YOU ARE A PROFESSIONAL SERVICE BUSINESS, PLEASE SEE INSTRUCTIONS FOR IMPORTANT	_					
	ADDITIONAL DETAILS)	LJ	X				
	If you answered "YES" to EITHER question 33 or 34, you must complete SECTION F.						
35.	Is your business/organization a corporation, s corporation, limited partnership (LP), limited liability partnership (LLP or	Yes	No				
	LLLP), limited liability company (LLC), professional limited liability company (PLLC), association, homeowners'						
	association, real estate investment trust (REIT), regulated investment company (RIC), real estate mortgage investment	_					
		X	$\Box$				
	If you answered "YES" to question 35, you MUST answer questions 36-43. Sole Proprietorships, General						
	Partnerships, and nonprofit organizations with 501(C)(3) status with the IRS may SKIP questions 36-43.						
36.	Is your corporation incorporated or limited liability entity organized under the laws of Kentucky with our Secretary of	Yes	No				
	State's Office?	X					
37.	Will your corporation/limited liability entity have its commercial domicile in Kentucky?	$\overline{\nabla}$	Ħ				
38.	Will your corporation/limited liability entity own/lease any real or tangible personal property located in Kentucky?	岗	Ħ				
39.	will your corporation/limited liability entity have one or more individuals performing services in Kentucky?	$\overline{\mathbf{X}}$	Ħ				
40.	Will your corporation/limited liability entity maintain an interest in a pass-through entity doing business in Kentucky?		$\overline{\mathbf{X}}$				
41.	Will your corporation/limited liability entity derive income from or attributable to sources within Kentucky, including						
40	income derived directly/indirectly from a trust/single member limited liability company doing business in Kentucky?	X					
42.	Will your corporation/limited liability entity direct activities at Kentucky customers for the purpose of selling them goods or services?	<u> </u>					
43.	Will your corporation/limited liability entity own/lease any intangible property or receive payments from a related	LXI	Ш				
	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.?	П	X				
	If you answered "YES" to ANY of questions 36 through 43, you must complete SECTION G. You qualify for a corpor	— ration	ונייי				
	income tax and/or a limited liability entity tax account. Please see Instructions for further explanation.	auon					
44		<u>Ye</u> s	No				
44. 45	Will you mine coal that you own or possess the mineral rights to, either by deed, lease, consent, etc.?	Ц	$\mathbf{X}$				
ŦJ.	A. Will you purchase coal for the purpose of processing and resale?  B. Will you process refuse coal?	님					
	(Processing means cleaning, breaking, sizing, dust allaying, treating to prevent freezing, or loading or unloading for any purpose.)	Ш	X				
	was a leading for any purpose.)						

		FOR OFFICE	USE ONLY	
WH #	SU#	USE #	CP/LLE #	CT#
SECTION D		EMPLOYEDIO INITIO		
		EMPLOYER'S WITHHOLI  mpleted if you answered "	DING TAX ACCOUNT YES" to EITHER question 22 o	
	Kentucky employees	49.	Employer's Withholding Tax return	ns should be mailed to:
. Date wage	s first paid or will be paid (RE0	QUIRED)	Use the same address as list	ed on Page 1, Section B, Item 7
10/31/2	2012 (mm/dd/yyyy)		X c/o or Attn. Davidson & Co	
Estimated	annual withholding in Kentuck	y:	Address 3425 Grant Line	
X \$.00-\$	399.99			
\$400.00	D <b>-</b> \$1,999.99	50.	City, State, Zip Code New	Albany IN 47150
\$2,000.	00-\$49,999.99	51.	County Floyd	Albany, 1N 47 150
	0.00 or more	01.		
			Mailing Telephone Number 812-9	44-/6//
SECTION E	Must be completed if yo	SALES AND USE T u answered "YES" to ANY of	AX ACCOUNT the questions 24 through 32 (exce	nut 22C 2010
Date sales	began or will begin (REQUIRI		Sales and Use Tax returns should	
	(mm/dd/		Take and Goo Tax Totaling Should	be mailed to.
. Accounting		Accrual	Use the same address as liste	ed on Page 1, Section B, Item 7
Do you rei	nt temporary lodging to other	ers? (See Instructions)		g. , come e, nom ,
	Yes No		c/o or Attn.	
Do you sei	I new tires for motor vehicle	es? (See Instructions)	Address	
	Yes No			
Estimated g	ross monthly sales tax in Kent	tucky:	City, State, Zip Code	
\$.00-\$1	,199.99	58.	County	
\$1,200.0	00 or more	59.	Mailing Telephone Number	
SECTION F		CONSUMER'S USE T		
	Must be c		AX ACCOUNT ES" to EITHER question 33 or 34.	
Date purcha	ases began or will begin (REC		Consumer's Use Tax returns shoul	
	(mm/	dd/yyyy)	Use the same address as lister	
*If you mak	e a one-time purchase only,	see the Instructions	C/o or Attn.	a sa sago n, occion 2, nom y
County				
Mailing Tele	phone Number		City, State, Zip Code	
ECTION G				
A-C-HON G	Must be complete	ted if you answered "YES" to	MITED LIABILITY ENTITY TAX  ANY of the questions 36 through	ACCOUNT
Date of inco	rporation or organization		Corporation Income and/or Limited	
	,		should be mailed to:	County Citity Tax returns
1	0/25/2012 (mm/c	dd/yyyy)	X Use the same address as listed	d on Page 1, Section B, Item 7
State of inco	rporation or organization		c/o or Attn.	
			Address	
KY				
	ification in V+	- <del> </del>		
Date of qual	ification in Kentucky		City, State, Zip Code	
		68.	County	
	0/25/2012 (mm/c		Mailing Telephone Number	

				rage
S	ECTION H COAL	SEVERANCE & PROC be completed if you answ	ESSING TAX ACCOUNT vered "YES" to EITHER question 44 or 45.	
70.	Date mining or processing operations t	pegan or will begin	71. Coal Severance & Processing Tax returns  Use the same address as listed on P	age 1, Section B, Item 7
72.	County		c/o or Attn.	
73.	Mailing Telephone No.			
LIST	THE MINE LOCATIONS THAT YOU OF		City, State, Zip Code	
74.				
76.	Mine Name Contract Miner Name (If Applicable) _		75. Mine Location (County)	
77.	Surface Disturbance Mining Permit Nur			
78.	Do you operate additional mine location		Yes No	
	If yes, attach a continuation page list	ing the information reque	sted in questions 74 through 77 for each mine loc	ation.
79.	Physical location address where busine		Use the same address as listed on Pa	ige 1, Section B, Item 7
			Addroop	
			City, State, Zip Code	
	IMP	ORTANT: THIS APPLIC	ATION MUST BE SIGNED BELOW:	
The s	statements contained in this application of the undergraphed who is duly	on and any accompanying	ng schedules are hereby certified to be correct to	o the best knowledge
		guarionized to sign the ap		
Signed:			Signed:	
Title:	fark be		Title:	
Date	1/24/12	_ (mm/dd/yyyy)	Date:	(mm/dd/yyyy)
	any other tax a	uministered by the Depa	ral gas severance tax, motor fuels tax, utility gro rtment of Revenue, please visit our Web site at	www.revenue.ky.gov.
lf yοι Elect	ມ are applying for a withholding ac ronic Funds Transfer (EFT), pleas	count and/or a sales ar e call (502) 564-6020.	nd use tax account and would like to receive	a packet to register for
Telec	cir the riodis of 0.00 a.m. and 5.00 p	Each office is open Mon	yer Registration Section at (502) 564-3306, Moi u may contact one of the Kentucky Taxpayer Se day through Friday, 8:00 a.m. to 5:00 p.m., local s.	nuico Contoro or ugo the
	completed application to:	KENTUCKY DEPARTI P.O. BOX 299, STATIO FRANKFORT, KENTU	ON 20	
or FAX 1	to:	(502) 227-0772		
		•	Uronoo or Workers! Comment of	DI
ousin	ess Information Clearinghouse toll freese accounts or contact the offices di	ee at (800) 626-2250 (o.	urance or Workers' Compensation Insurance tside Kentucky) or (502) 564–4252 (in Kentucky low.	Please contact the     to obtain information
	ployment Insurance tary of State	(502) 564-2272 (502) 564-2848		502) 564-5550 300) 829-4933

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