

KENTUCKY TAX REGISTRATION APPLICATION

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<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.Registration@ky.gov

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

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** 08/13/2021
- 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*)
 - Purchased business assets from previous owner
 - Yes No
 - Business structure change or conversion
(Specify *previous type*; *See instructions*)
 - 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) 87-2154870
 - 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** Cooper Downs Insurance & Financial Services Inc.
5. **Doing Business As (DBA) Name (See instructions)** _____
6. **Federal Employer Identification Number (FEIN)**
(Required, complete prior to submitting) 8 7 - 2 1 5 4 8 7 0
7. **Kentucky Commonwealth Business Identifier (if already assigned)**
8. **Secretary of State Information (if applicable)**

| | | |
|---|--|--|
| Kentucky Secretary of State Organization Number | | |
| Date of Incorporation/Organization | State of Incorporation/Organization KY | 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) 2734 Chancellor Drive Suite 103 | | |
| | | |
| City Crestview Hills | State KY | Zip Code 41017 |
| Telephone Number (859) 512-3510 | County (if in Kentucky) Kenton | |

11. Accounting Period

Calendar Year: Year Ending December 31st

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)

12. Accounting Method

Cash Accrual

10. Business Operations are Primarily

Home Based Web Based Office/Store Based Transient

13. Business Structure

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

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 | <input type="checkbox"/> Single Member Disregarded Entity |
| <input type="checkbox"/> Corporation | <i>Check below how the Member will be taxed federally</i> |
| <input checked="" type="checkbox"/> S-Corporation | <input type="checkbox"/> Individual Sole Proprietorship |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> General Partnership/Joint Venture |
| <input type="checkbox"/> Trust | <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>) _____ |

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) Cooper Downs | | | Full Legal Name (First Middle Last) | | |
| Social Security Number (REQUIRED) 405-45-9465 | 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 Owner | Effective Date of Title 08/13/2021 | | Business Title | Effective Date of Title | |
| Residence Address 972 E Mt Zion Rd | | | Residence Address | | |
| City Independence | State KY | Zip Code 41051 | City | State | Zip Code |
| Telephone Number (859) 512-3510 | County (if in Kentucky) Kenton | | Telephone Number | County (if in Kentucky) | |

17. Person to contact about this application:

| | | | |
|--|---------------------|--|-----------|
| Name (First Middle Last) Deanna Ramsey CPA | Title CPA | Daytime Telephone (859) 873-0981 | Extension |
| E-mail: (By supplying your e-mail address you grant the Department of Revenue permission to contact you via e-mail.) ddramsey@centralkycpa.com | | | |

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

18a. Describe the nature of your business activity in Kentucky, including any services provided.

Insurance and Financial Services

18b. List products sold in Kentucky.

Insurance

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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>TIP 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.</p> | | |
| 20. Do you wish to voluntarily withhold on Kentucky residents who work outside Kentucky?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Do you wish to voluntarily withhold on pension and retirement payments?..... | <input type="checkbox"/> | <input checked="" 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 checked="" 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 | | Yes | No | |
|---|--|-------------------------------------|--|--|----|--|
| 23. Will you make retail and/or wholesale sales of tangible or digital property in Kentucky? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TIP 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 checked="" type="checkbox"/> | TIP 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 checked="" type="checkbox"/> | TIP Examples: sign making, window tinting, embroidery, screen printing, engraving (see instructions for more). | | | |
| 26. Will you charge for labor or services rendered in installing or applying tangible personal property, digital property, or service sold? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 27. Will you provide any of the following services? (see instructions for more.) | | | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | A. Landscaping services | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | G. Linen supply services | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | B. Janitorial services | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | H. Indoor skin tanning services | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | C. Small animal veterinary services | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | I. Non-medical diet and weight reducing services | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | D. Pet care services | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | J. Limousine services, with a driver provided | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | E. Industrial laundry services | | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | F. Non-coin operated laundry and dry cleaning services | | | | | |

- | | | | | | |
|--|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|
| 28. Will you sell extended warranties? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29. Will you rent or lease tangible or digital property to others, including related companies?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30. Will you charge admissions, including initiation fees, monthly fees or membership fees for the use of a facility or participating in an event or activity? (<i>see instructions for additional information.</i>) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 31. Are you a remote retailer selling tangible personal property or digital property delivered or transferred electronically to a purchaser in Kentucky? (<i>see instructions for additional information.</i>) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32. Are you a manufacturer's agent soliciting orders for a nonresident seller not registered in Kentucky?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 33. Are you a manufacturing fee processor or a contract miner operating in Kentucky?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 34. Are you bidding on a contract with Kentucky state government? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 35. Are you an affiliate of a company who has been awarded a Kentucky state government contract?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 36. Will you rent campsites at campgrounds or recreational vehicle parks?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Sales and Use Tax Account Schedules

- | | | | | | |
|---|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|
| 37. Will you receive receipts from the breeding of a stallion to a mare in Kentucky?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38. Will you make sales of aviation jet fuel? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 39. Will you make sales of motor vehicles to residents of Arizona, California, Florida, Indiana, Massachusetts, Michigan, South Carolina, or Washington?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Transient Room Tax Account

- | | | | | | |
|--|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|
| 40. Will you rent temporary lodging to others?..... TIP Examples: hotel, motel, or inn (<i>see instructions for more</i>). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|--|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|

Motor Vehicle Tire Fee Account

- | | | | | | |
|---|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|
| 41. Will you sell new tires for motor vehicles? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|

Commercial Mobile Radio Service (CMRS) Prepaid Service Charge Account

- | | | | | | |
|---|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|
| 42. Will you sell cellular phones with preloaded minutes, prepaid cellular phone cards, or recharge cellular phones and cards with minutes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|

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

- | | | | | | |
|---|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|
| 43. Were you approved for an Energy Direct Pay Authorization with a Utility Gross Receipts License Tax Exemption? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Attach a copy of your official UGRLT Exemption Authorization. | | | | | |
| 44. Will you sell any of the following? | | | | | |

- | | | | | |
|--------------------------|-------------------------------------|--|--|-------------------------------------|
| Yes | No | | Yes | No |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | A. Water utilities | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | B. Natural, artificial, or mixed gas utilities | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | C. Electricity | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | D. Sewer services | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | E. Communications services | |
| | | | F. Multichannel video programming services <i>*(see instructions)</i> | |
| | | | G. Direct broadcast satellite services <i>*(see instructions)</i> | |

If you answered Yes to any of questions 23 through 44 E, you must complete SECTION E.

If you answered Yes to any of questions 43 through 44 F, you must complete SECTION F.

If you answered Yes to any of questions 44 E through 44 G, you must complete SECTION G.



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

Skip question 45 if you must complete Section E.

- | | | | | | |
|---|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|
| 45. 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 checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TIP 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 45, 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 46 through 52.

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 46. Are you organized under the laws of Kentucky with the Kentucky Secretary of State's Office?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 47. Will your business have its commercial domicile in Kentucky?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 48. Will your business own or lease any real or tangible property in Kentucky? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 49. Will your business have one or more individuals performing services in Kentucky?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 50. Will your business maintain an interest in a pass-through entity or derive income from Kentucky sources?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 51. Will you direct activities toward Kentucky customers for the purpose of selling them goods and/or services?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 52. 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.? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answered Yes to any of questions 46 through 52, 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.

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 53. Is the business considered a pass-through entity as defined in KRS 141.010(26)?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answered Yes to question 53, you must answer questions 54 A and 54 B.

- | 54. 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? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TIP "Individual" includes estates and trusts. | | | |
| B. Corporate partner(s) or member(s) receiving Kentucky distributive share income from your pass-through entity? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answered Yes to questions 54 A and/or 54 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#.

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 55. Will you mine coal to which you own or possess the mineral rights?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 56. Will you purchase coal for the purpose of processing and resale, or do you process refuse coal? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TIP Processing means cleaning, breaking, sizing, dust allaying, treating to prevent freezing, or loading or unloading for any purpose. | | |
| 57. Will you purchase and sell coal as a coal broker? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answered Yes to any of questions 55 through 57, you must complete SECTION K and SECTION E.

SECTION F **UTILITY GROSS RECEIPTS LICENSE TAX ACCOUNT**
 Must be completed if you answered Yes to any of questions 43 through 44 F.

69. 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

70. 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.

71. Telephone Number

<http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx>

SECTION G **TELECOMMUNICATIONS TAX ACCOUNT**
 Must be completed if you answered Yes to any of questions 44 E through 44 G.

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

B. If Yes, list the Telecommunications Tax Account Number

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

74. Date sales of communications began or will begin (REQUIRED) Yes No



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

75. Telephone Number

<http://revenue.ky.gov/Business/Telecommunications-Tax/Pages/default.aspx>

SECTION H **CONSUMER'S USE TAX ACCOUNT**
 Must be completed if you answered Yes to question 45.

76. 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

77. Date purchases began or will begin (REQUIRED)

78. 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 46 through 52.

79. 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

80. 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)

81. 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

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

84. 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 Withholding Tax Account

| | | |
|---|--|--------------------------|
| c/o or Attn. Deanna Ramsey CPA | | |
| Address PO Box 1032 | | |
| | | |
| City Versailles | State KY | Zip Code 40383 |
| Mailing Telephone Number (859) 873-0981 | County (if in Kentucky) Woodford | |

83. 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 54 A and/or B.

85. 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

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

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, see **Exemption Table 2** in the instructions to provide the code for your Exemption Type.

88. 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

| | | |
|--------------------------|-------------------------|----------|
| 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 55 through 57.

89. 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

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

91. 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.

Signature: 

Printed Name: Cooper Downs

Phone Number: (859) 512-3510

Title: Owner Date: 08/25/2021 (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.Registration@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>.



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.