

TELECOMMUNICATIONS TAX COMPLAINT FORM



Name and Mailing Address _____

Contact Person _____ Phone Number _____ E-mail Address _____

Agency _____

Federal Identification Number (FEIN) _____

Agency Type (*Check one*)

City (name) _____

County (name) _____

Sheriff (name) _____

School District (name) _____

Special District (name) _____

Name of Party Against Whom Complaint Filed _____

FYE 6/30/2005 total franchise fee receipts certified to Department of Revenue (DOR):

1. Telecommunications/Telephone Franchise Fees \$ _____

2. Multichannel Video Programming/Cable Franchise Fees \$ _____

3. Public, Educational or Governmental Fees (PEG Fees) \$ _____

4. **Total Fees Certified to DOR** \$ _____

Hold Harmless Amount:

5. a. Total Franchise Fees Certified to DOR (line 4) \$ _____

b. Franchise Portion of PSC Property Tax \$ _____

6. Total Amount for FYE 6/05 for Hold Harmless Computation
(line 5a plus line 5b) \$ _____

Distributions to Date:

7. Total payments from DOR received to date: \$ _____

8. Number of payments received since January 2006 _____

9. Total payments annualized ($\{\text{line 7} / \text{line 8}\} \times 12$) \$ _____

Amount Over (Under) Hold Harmless:

10. Line 9 total minus line 6 total \$ _____

Signature _____ Title _____ Date _____

(continued on reverse)

Please include or attach narrative explaining basis of complaint:

Does complaint include request for substantial change due to enacting or modifying a franchise fee rate prior to June 30, 2005? If yes, please explain below:

Return form to:

Department of Revenue
ATTN: Local Distribution Fund Oversight Committee
P.O. Box 181
Frankfort KY 40602-0181