

**PUBLIC SERVICE COMPANY
PROPERTY TAX RETURN
COIN-OPERATED TELEPHONES**

For Tax Year 2003

Due By

APRIL 2003						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

			Federal ID Number _____		
			Kentucky Sales and Use Account Number _____		
			Social Security Number _____		
			Type of Ownership		
			<input type="checkbox"/> Foreign	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
			<input type="checkbox"/> Individual	<input type="checkbox"/> S Corporation	<input type="checkbox"/> LLC
			<input type="checkbox"/> Other: _____	COT	
Taxpayer Name 1				LEAVE BLANK	
Name 2				GNC	
Address 1				Postmark	
Address 2				Log In	
City	State	ZIP Code		Entry Person	
Contact Person				Pre-Audit	
Phone ()	Fax ()	E-Mail			
Tax Agent Name 1				For agents, etc., a current power of attorney must be on file with the Kentucky Revenue Cabinet.	
Name 2					
Address 1					
Address 2					
City	State	ZIP Code			
Contact Person					
Phone ()	Fax ()	E-Mail			
Which address above is to be used for mailing the assessment notice, tax bills and certifications?					
<input type="checkbox"/> Taxpayer Address		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Tax Agent Address		_____			
Have you sold any coin phones/locations to another organization or individual within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit an informational report explaining the sale.					
Have you purchased coin phones of another organization or individual within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit an informational report explaining the purchase.					
I declare under the penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.					
Signature _____		Title _____		Date _____	

(See Reverse)

