

61A208 (11-04)
 Commonwealth of Kentucky
 DEPARTMENT OF REVENUE
 Office of Property Valuation
 Public Service Branch
 200 Fair Oaks Lane, Fourth Floor
 Station 32
 Frankfort, Kentucky 40620
 (502) 564-8175

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

For Tax Year 2005

Due By

APRIL 2005						
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

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			Federal ID Number _____			
			Kentucky Sales and Use Account Number _____			
			Social Security Number _____			
			Type of Ownership		COT	
<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:						
Taxpayer Name 1					LEAVE BLANK	
Name 2					GNC	
Address 1					Postmark	
Address 2					Pre-Audit	
City		State		ZIP Code		
Contact Person						
Phone ()		Fax ()		E-Mail		
Tax Agent Name 1					For agents, etc., a current power of attorney must be on file with the Kentucky Department of Revenue.	
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)

