

Office of Property Valuation
Division of State Valuation
Frankfort, KY 40620

➤ See Instructions

APRIL 2008						
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			

	Type of Public Service Company 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
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Taxpayer Name 1				LEAVE BLANK	
Name 2				GNC	
Address 1				Postmark	
Address 2					
City	State	ZIP Code	FEIN		
Contact Person				Preaudit	
Phone ()	Fax ()	E-Mail			
Tax Agent Name 1				Taxpayers completing this return must complete the agency portion in order to maintain an agent status. Agents completing this return must have a current power of attorney on file with the Kentucky Department of Revenue or include one.	
Name 2					
Address 1					
Address 2					
City	State	ZIP Code	FEIN		
Contact Person					
Phone ()	Fax ()	E-Mail			

Which address above is to be used for mailing the assessment notice, tax bills and certifications?
 Taxpayer Address Other _____
 Tax Agent Address

Is your company affiliated with any other companies? (Parent/Subs) Yes No
 If yes, submit organizational chart and informational reports. (KRS 136.130 and 136.140)

Has an independent authority or agency valued your property? Yes No
 If yes, submit a copy of the appraisal report. (KRS 136.130 and 136.140)

Has the company or a fraction thereof sold, been purchased or merged within the last year? Yes No
 If yes, complete the appropriate informational report, Revenue Form 61A209 or Revenue Form 61A210, included in this packet.

Has your company filed bankruptcy within the last three years? Yes No
 If yes, provide the district in which the case was filed, the petition date and the case number.

Do you intend to claim the Coal Incentive Tax Credit? Yes No
 If yes, provide a copy of the Coal Incentive Tax Credit Certificate. (KRS 141.0405)

I declare under 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