

**PUBLIC SERVICE COMPANY SALES**

Kentucky Revised Statutes 136.130 and 136.140 require public service companies to report information to the Department of Revenue when they buy or sell any assets used in a public service company. Complete this form for the sale, purchase or merger referred to in the cover letter and return to **Public Service Section, Office of Property Valuation, Kentucky Department of Revenue, 501 High Street, Station 32, Frankfort, KY 40601-2103**. Refer questions to (502) 564-8175.

\_\_\_\_\_  
Name and Address of Buyer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Address of Seller \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Sale \_\_\_\_\_

**Sale Price** (Attach independent valuations and a copy of the final sales agreement.)

Cash..... \_\_\_\_\_

Debt Assumed ..... \_\_\_\_\_

Stock Transaction:

Share Price..... \_\_\_\_\_

Number of Shares..... \_\_\_\_\_

Other (list) \_\_\_\_\_  
\_\_\_\_\_

Total Sale Price..... \_\_\_\_\_

**What portion of the sale is attributable to Kentucky?** \_\_\_\_\_

If not 100 percent, how is the Kentucky portion allocated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assets Purchased**

|  | In Kentucky | Out-of-State |
|--|-------------|--------------|
| Number of Access Lines .....           | _____       | _____        |
| Real Estate .....                      | _____       | _____        |
| Nonoperating Property .....            | _____       | _____        |
| Other Tangible Personal Property ..... | _____       | _____        |
| Accounts Receivable .....              | _____       | _____        |
| Goodwill .....                         | _____       | _____        |
| Other _____                            | _____       | _____        |

Was the sale or merger accounted for as a purchase or a pooling of interests?


Attach a sheet listing the amount and types of property involved in any assumed operating leases.

Attach a sheet describing any new operating agreements with the seller.


I declare under the penalties of perjury that the information given on this form (and any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete.


\_\_\_\_\_  
Print Name of Representative

\_\_\_\_\_  
Title of Representative

  
\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date Signed

 **Mail to:** Public Service Section  
Office of Property Valuation  
Kentucky Department of Revenue  
501 High Street, Station 32  
Frankfort, KY 40601-2103

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\_\_\_\_\_  
Telephone Number