



Commonwealth of Kentucky
DEPARTMENT OF REVENUE

Amended [ ] Reason

Form header section containing Name and Address (SAMPLE), Period Beginning (07-01-05), Period Ending (07-31-05), Return Due (08-20-05), Account No. (001234), and FOR OFFICIAL USE ONLY.

Part I—Tax Computation

- 1. Total Gross Receipts—Enter total amount received (less utility gross receipts license tax) for furnishing utility, cable, direct broadcast satellite and wireless cable services in school districts imposing the tax \$ XXX,XXX.XX
2. Deductions: a. Prepaid calling services, b. Interstate telephone services, c. Internet access, d. Services resold, e. Federal and state taxes, f. Energy direct pay receipts, g. Other (specify)
3. Total Deductions (add lines 2a through 2g)
4. Gross Receipts Subject to Tax (subtract line 3 from line 1)
5. a. Consumers—Enter the amount of purchases from utility service providers
5. b. EDP Account Holders—Enter the amount as reported on line 23b of the sales and use tax return for the same period.

Hardship Exemption Required to File Paper Form

Part II—Allocation Schedule (See chart in the instructions for district codes, names and rates. Enter the information for each school district.)

Table with 7 columns: District Name, District Code, Gross Receipts from Line 4, Consumer Purchases from Line 5a, EDP Account Holders Amount from Line 5b, Tax Rate, Tax Amount (Tax Rate Multiplied by Gross Receipts/Purchases). Includes a TOTALS row and a Total Tax Amount row.

Part III—Payment

- 6. Total Tax Amount Due (enter the total tax amount from Part II and all continuation sheets) \$ XXX,XXX.XX
7. Interest (see instructions)
8. Penalties (see instructions)
9. Total Amount Due (add amounts on lines 6, 7 and 8) \$ XXX,XXX.XX

IMPORTANT: Return must be postmarked by the 20th of the month following the taxable month to avoid the assessment of penalty and interest. Remit total amount due. Make check payable to Kentucky State Treasurer. Mail to Department of Revenue, Frankfort, KY 40619.

I declare under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete return.

Print Name of Tax Return Preparer and Title
Signature of Tax Return Preparer Date
Preparer's Telephone Number ( )

Print Name, Title of President or Other Principal Officer, Partner or Proprietor
Signature of President or Other Principal Officer, Partner or Proprietor Date

For additional information, contact the Financial Tax Section, (502) 564-4810.

