

UPDATE OR CANCELLATION OF KENTUCKY TAX ACCOUNT(S)

- Incomplete or illegible updates will delay processing and will be returned.
- Print or type using blue or black ink only.
- See instructions for questions regarding completion of this form.
- **Need Help?** Call (502) 564-2694 or visit www.revenue.ky.gov

FOR OFFICE USE ONLY	
CRIS	Coded / Date Coded
CTS Person ID #	Entered / Data Entered
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SECTION A REASON FOR COMPLETING THIS UPDATE (Must Be Completed)

- 1. Effective Date** __ __ / __ __ / __ __ __ __

Check all that apply.

 - Updating business name or DBA name
 - Updating an existing business location's information under the Sales and Use Tax account
 - Opening a new location of current business for the Sales and Use Tax account
 - Adding a Mine Location to an existing Coal Tax account
 - Changing accounting periods
 - Updating ownership type for a taxing election change
 - Updating/providing new responsible party information
 - Updating mailing address(es) / mailing address phone numbers
 - Requesting cancellation of an account

2. Current Account Numbers

 - Kentucky Withholding Tax _____
 - Kentucky Corporation Income Tax _____
 - Kentucky Limited Liability Entity Tax _____
 - Kentucky Sales and Use Tax _____
 - Kentucky Coal Severance Tax _____
 - Kentucky Telecommunications Tax _____
 - Kentucky Utility Gross Receipts License Tax _____

This Form may only be used to update existing account information. To apply for or reinstate accounts, use Form 10A100, Kentucky Tax Registration Application.

SECTION B BUSINESS AND CONTACT INFORMATION (Must Be Completed)

- 3. Legal Business Name**

Current Name

New Name (if applicable)

- 4. Doing Business As (DBA) Name**

Current DBA

New DBA

- 5. Federal Employer Identification Number (FEIN)**
(Required, complete prior to submitting)

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6. Kentucky Secretary of State Organization Number
(If applicable)

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7. Person to Contact Regarding this Update Form:

Name (Last, First, Middle)	Title	Daytime Telephone () -	Extension
E-mail: (By supplying your e-mail address you grant the Department of Revenue permission to contact you via E-mail.)			

SECTION C UPDATES TO SALES AND USE TAX LOCATION INFORMATION

8. Update an existing Business Location for your Sales and Use Tax Account.

OLD LOCATION ADDRESS INFORMATION			NEW LOCATION ADDRESS INFORMATION		
Business Location "Doing Business As Name"			Business Location "Doing Business As Name"		
Street Address (<i>DO NOT</i> List a PO Box)			Street Address (<i>DO NOT</i> List a PO Box)		
City	State	Zip Code	City	State	Zip Code
County (if in Kentucky)	Location Telephone Number () -		County (if in Kentucky)	Location Telephone Number () -	

SECTION G REQUEST CANCELLATION OF ACCOUNT(S)

23. Tax Accounts for which Cancellation is Requested (Check all that Apply)

- Employer's Withholding Tax
- Sales and Use Tax (including Transient Room and/or Motor Vehicle Tire Fee Accounts)
- Telecommunications Tax
- Consumer's Use Tax
- Coal Severance and Processing Tax
- Utility Gross Receipts License Tax

Note: Corporation Income and/or Limited Liability Entity Tax accounts are cancelled with the filing of the "final" return.

24. Reason for Cancellation

- Business closed/No further Kentucky activity
- Ceased having employees
- Death of owner
- Converted to another ownership type and must reapply for new accounts
- Business sold
- Ceased making retail and/or wholesale sales of tangible personal property or digital property
- Merged out of existence
- Other (Specify): _____

25. Effective Date to Cancel Account(s) ____/____/____

26. If business sold, list the information for the new owner(s).

Name			Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Telephone Number () -			Telephone Number () -		

27. If merged out of existence, list the information for the new business.

Business Name		Address		
FEIN				
Telephone Number () -		City	State	Zip Code

IMPORTANT: THIS UPDATE FORM MUST BE SIGNED BELOW:

The statements contained in this Form and any accompanying schedules are hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign the Form.

Signed: _____

Signed: _____

Phone Number: _____

Phone Number: _____

Title: _____ Date: ____/____/____

Title: _____ Date: ____/____/____

For assistance in completing the Update Form, please call the **Data Integrity Section** at **(502) 564-2694**, or you may contact one of the Kentucky Taxpayer Service Centers or use the Telecommunications Device for the Deaf. Each office is open Monday through Friday, 8:00 a.m. to 5:00 p.m., local time. For a list of Taxpayer Service Centers and phone numbers, see the Instructions.

MAIL completed form to: **KENTUCKY DEPARTMENT OF REVENUE** or **FAX to:** **502-564-0796**
P.O. BOX 299, STATION 20A
FRANKFORT, KENTUCKY 40602-0299



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