LLE-272(5-05)

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF REVENUE
P.O. Box 659
Frankfort, KY 40602-0659

Need Help? Call (502) 564-3306 or visit www.revenue.ky.gov

THIS IS A LIMITED USE FORM- SEE BELOW

TAX MODERNIZATION FAST-TRACK CORPORATION APPLICATION

This form is limited to entities needing to register for a corporation tax account as a result of tax modernization. It may not be used for withholding, sales and use or other tax accounts. Incomplete or illegible applications will delay processing or be returned.

Print Form

FOR OFFICE USE ONLY	
NAICS	

Step 1 - Provide Your Current Account Numbers

1. ☐ Not applicable
   Kentucky Withholding _____
   Kentucky Sales and Use _____

FEIN 00-0000000

Step 2 - Identify Your Business Or Organization

2. Legal Business Name _____
3. Federal Employer Identification Number (FEIN) _____
4. Mailing Address _____
   City _____ State _____ ZIP Code _____
5. County _____ 6. Telephone _____
7. A. NAICS Code: (optional) _____
   B. Give a description of the nature of your primary Kentucky business activity. Include a description of any services provided. _____
8. Accounting Period: ☐ Calendar Year 12/31 ☐ Fiscal Year Month Ending _____
9. Date of Incorporation or Organization: _____
10. State of Incorporation or Organization: _____
11. Date of Qualification in Kentucky: _____
12. Ownership Type:

☐ Corporation
☐ S Corporation
☐ Association
☐ Real Estate Investment Trust (REIT)
☐ Regulated Investment Company (RIC)
☐ Real Estate Mortgage Investment Conduit(REMIC)
☐ Financial Asset Securitization Investment Trust (FASIT)

Partnership:

☐ Limited Partnership
☐ Limited Liability Partnership (LLP or LLLP)

Limited Liability Company:
For Federal Purposes Taxed As:

☐ Single Member - Individual
☐ Partnership
☐ Corporation
☐ S Corporaton
☐ Single Member-Disregarded Entity Member taxed as:_____

Step 3 - Provide Ownership and Contact Information

13.

Name (Last, First, M.I.)	Title	Residential Address, City, State, ZIP Code	Soc. Sec. No. (Required)

14. **Contact Name** _____ 15. Telephone _____ , Ext._____

Step 4 - Mailing Instructions

16. **Mail completed application to:** Kentucky Department of Revenue
P.O. Box 659
Frankfort, KY. 40602-0659

Or fax to: ATTN: Taxpayer Registration Section
(502) 227-0772

Kentucky UNBRIDLED SPIRIT