73A901 (1-21)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

Utility Gross Receipts License Tax Return



DEPARTMENT OF REVENUE	ended	Reason	•			KENTUCKY
	ended					
Name and Address		Period	Beginning 07-01-0	05	FOR OF	FICIAL USE ONLY
		Period	Ending 07-31-0	05		
SAMPLE		Return	Due 08-20-0	05		
SAMILL			Account No. 001234			
Part I—Tax Computation				I		
1. Total Gross Receipts—Enter to for furnishing utility cable, wir districts imposing the tax	otal amou reless cal a. For ED	unt received (less ut ole services, and vid P account holders, s	ility gross receipts lice ostreaming services	cense tax) es in school	9	XXX,XXX.XX
2. Deductions			TO HIS			
a. Prepaid calling services		1 4		*0		
b. Interstate telephone service	es		: 400	\$ -		
d Services resold		(12)	A11	or III		
e. Federal and state taxes			ed	8 0 1		
f. Energy direct pay receipts			261	\$		
g. Other (specify)			paper	\$		
3. Total Deductions (add lines 2a	through	2g)	2		9	\$(<u>XXX,XXX.XX</u>
4. Gross Receipts Subject to Tax	(subtract	line 3 from the 1,			9	\$_XXX,XXX.XX_
Allocate this amount in Part II						VVV VVV VV
5. a. Consumers—Enter the amo		urchases from utility	service providers		9	XXX,XXX.XX
Allocate this amount in Par 5 b. EDP Account Holders—Ente	er the am					xxx,xxx.xx
tax return for the same peri						
Part II—Allocation Schedule (See chart	in the instructions for	district codes, names,	and rates. Enter the in	formation	n for each school district.)
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)
School District	XXX	\$ XXX,XXX.XX	\$ XXX,XXX.XX	\$XXX,XXX.XX	XXX	\$ XXX,XXX.XX
Use continuation page if necessary						
Totals — Gross receipts/purchases						
equal line 4, line 5a and/or line 5b, F	Part I	\$ XXX,XXX.XX	\$ XXX,XXX.XX	\$XXX,XXX.XX		
Total Tax Amount (enter this	amount	on line 6, Part III)				\$ XXX,XXX.XX
Part III — Payment						
6. Total Tax Amount Due (enter the	he total t	ax amount from Par	t II and all continuati	ion sheets)		\$ XXX,XXX.XX
7. Interest (see instructions)						\$
8. Penalties (see instructions)						\$
9. Total Amount Due (add amount	nts on lir	nes 6, 7, and 8)				\$_XXX,XXX.XX_
➤ IMPORTANT : Return must be j	postmarke	ed by the 20th of the m	onth following the tax	able month to avoid th	e assessm	ent of penalty and interes
Remit total amount due. Make						
I declare under the penalties of perju complete return.	ry, that th	is return has been exa	mined by me and to th	e best of my knowledç	ge and be	lief it is a true, correct, and
Print Name of Tax Return Preparer an	Print Name,T Proprietor	Print Name, Title of President, or Other Principal Officer, Partner, or Proprietor				
Signature of Tax Return Preparer		Date				
Preparer's Telephone Number (Signature of President or Date				
Preparer's E-mail Address			Other Princip	al Officer, Partner or Pi	roprietor	

For additional information, contact the Financial Tax Section, (502) 564-1810.

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Continuation Sheet for Part II—Allocation Schedule

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)
School District	XXX	\$XXX,XXX.XX	\$XXX,XXX.XX	\$XXX,XXX.XX	XXX	\$XXX,XXX.XX
			a dell	ption		
		dsh	in Exer	to		
	1	Harus	equirec	Form		
		cil	p Exemenired equired Paper			
Totals — (include these amounts in Totals Columns for Part II)		\$XXX,XXX.XX	\$XXX,XXX.XX	\$XXX,XXX.XX		
Total Tax Amount (include th	\$XXX,XXX.XX					