51A112 (9-21)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

APPLICATION FOR DIRECT PAY AUTHORIZATION

TEAM KENTUCKY

Name of Applicant	Enter Legal Business Name	Federal Employer Identification Number __ __ – __ __ __ __ __ __ __ Date Operations Began in Kentucky
Kentucky Business Location	Number and Street / City / County / State / ZIP Code	
Mailing Address	P.O. Box or Number and Street / City / County / State / ZIP Code	
Type of Operation	☐ Manufacturing/Processing ☐ Mining/Quarrying ☐ Transportation Company ☐ Distribution Facility	

Other Information

( ) _____ Fax Number

( ) _____ Telephone Number

_____ E-mail Address

Account Number

Kentucky Employer's Withholding _____

Kentucky Corporation Income and License _____

Kentucky Sales and Use _____

1. Are you engaged in business and have property (other than office furniture and equipment) located in more than one state?

   ☐ Yes Location of Home Office _____
   Location of all plants or places of business (attach separate sheet, if necessary)

   ☐ No Amount of tangible personal property or digital property purchased for use in your Kentucky business operations in the last calendar or fiscal year.

   Year Ending _____ Amount _____

2. Are your records maintained in such a manner that the amount of tangible personal property or digital property purchased from a Kentucky vendor may be properly reported? ☐ Yes ☐ No

   Are records maintained in such a manner that the amount of tangible personal property or digital property purchased from a vendor out of state, stored, used or otherwise consumed in Kentucky and elsewhere can be verified? ☐ Yes ☐ No

   Attach a detailed description of the documentation maintained that reflects the proper amount of taxable purchases.

3. Do you have a record of timely payment of all taxes administered by the Kentucky Department of Revenue? ☐ Yes ☐ No

4. Have you included your most recent certified financial statement with this application? ☐ Yes ☐ No

I hereby certify that the above statements are correct to the best of my knowledge and belief and that I am duly authorized to sign this application. I agree that, in consideration for issuance of this Direct Pay Authorization, I will directly report and pay to the Department of Revenue, the sales or use tax that would have been remitted to the department by my supplier and myself had this Direct Pay Authorization not been issued.

_____ Signature

_____ Title

_____ Date

_____ Print Name

Kentucky Department of Revenue, Division of Sales and Use Tax
P. O. Box 181, Station 66, Frankfort, Kentucky 40602-0181