

**AUTHORIZATION FORM FOR TELECOMMUNICATIONS TAX DISTRIBUTION**

**(Please print or type all information)**

1. Enter the following information: VC \_\_\_\_\_ (State use only)

ENTITY INFORMATION		
FEIN: _____	Suffix ID: _____	(State use only) County: _____
Entity Name: _____		
Street Address: _____		P. O. Box: _____
City: _____	State: _____	Zip Code: _____
Telephone Number: _____		Contact Person: _____
Fax Number: _____		E-Mail: _____

2. Complete with the deposit information for the account in which you would like to receive the monthly Telecommunications Tax Distribution.

FINANCIAL INSTITUTION INFORMATION		
Bank Name: _____		
Branch: _____ or corresponding bank (if applicable)		
City: _____	State: _____	Zip Code: _____
Routing / Transit / ABA No.: _____		(Must have 9 digits)
Account Number: _____		
Account Type (select one): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		

I, the undersigned, authorize the Commonwealth of Kentucky to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the Commonwealth of Kentucky receives written notice or cancellation from me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Job Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Please return form to:**

**Division of Sales and Use Tax  
Communications Services Section  
P. O. Box 181 - Station # 66  
Frankfort, KY 40602**

**Telephone: 502-564-5170, Option #2  
Fax: 502-564-2041  
E-Mail: DOR.Web.Response.Telecom@ky.gov**