

**APPLICATION FOR
DIRECT PAY AUTHORIZATION**



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	<input type="checkbox"/> Manufacturing/Processing <input type="checkbox"/> Mining/Quarrying <input type="checkbox"/> Transportation Company <input type="checkbox"/> Distribution Facility	
Other Information	Account Number	
	() _____ Fax Number	Kentucky Employer's Withholding _____ Kentucky Corporation Income and License _____ Kentucky Sales and Use _____
	() _____ Telephone Number	
	_____ E-mail Address	
	1. Are you engaged in business and have property (other than office furniture and equipment) located in more than one state? <input type="checkbox"/> Yes Location of Home Office _____ Location of all plants or places of business (attach separate sheet, if necessary) _____ <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Have you included your most recent certified financial statement with this application? <input type="checkbox"/> Yes <input type="checkbox"/> 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