



MATTHEW G. BEVIN  
GOVERNOR

**Department of Revenue**  
Finance & Administration Cabinet  
Northern KY. Taxpayer Service Center  
Turfway Ridge Office Park  
7310 Turfway Rd, Ste 190  
Florence, KY 41042-4871

WILLIAM M. LANDRUM III  
SECRETARY

DANIEL P. BORK  
COMMISSIONER

BRENT KING  
EXECUTIVE DIRECTOR

ALL VENDORS - - THIS LETTER MUST BE RETURNED

Kentucky Department of Revenue records indicate that you were a vendor at Ultimate Holiday Craft Expo in Florence, Kentucky held December 1, 2019. As a vendor, KRS 139.200 imposes a 6% sales tax upon all retail sales made within the Commonwealth.

If you currently hold a Kentucky Sales and Use Tax Permit, you are to report the activities of this event on that number. Please provide the name as shown on the permit and the Kentucky sales tax permit number in the area designated below. Do not send the payment of the tax due from this event with this letter.

\_\_\_\_\_  
Name as it appears on permit

\_\_\_\_\_  
Kentucky Sales and Use Tax Permit Number (EEP)

If you are not registered for a Kentucky sales and use tax permit number, you must complete the bottom portion of this letter and return it with payment of the tax due **to the address shown on this letter**. Make checks or money orders payable to: **Kentucky State Treasurer**.

*Failure to comply with this request by **January 20, 2020**, will result in the issuance of a jeopardy assessment pursuant to KRS 131.150. Such assessment will include all applicable penalties and interest.*

If you have any questions, contact the **Northern Kentucky Taxpayer Service Center** at (859)371-9049. The office hours are Monday through Friday, 8:00 A.M. to 5:00 P.M.

30A006-NKY (12/15) Temporary Vendor Sales and Use Tax Return/Processing Document

\_\_\_\_\_  
\*\*\*\*Social Security Number / FEIN

\_\_\_\_\_  
010  
Tax Type

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

12  
Month (01-12)

2019  
Year

008  
County

006  
Type Return

**Note: If you attend multiple events, use a separate form and check for each event.**

\_\_\_\_\_  
Total Sales

**X .06 =**

\_\_\_\_\_  
Total Tax Paid

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Phone Number

\*\*\*\*Required. If not provided, an additional fee may be charged for acquiring this information and a Department of Revenue inquiry may be posted to your credit report.

Event Name: **Ultimate Holiday Craft Expo**

Field Officer Initials: **EEP**



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