

## Appointment of Taxpayer Administrator and Authorized Users for Kentucky Online Tax

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CTS Person/Entity ID	Date Entered				

**Need Help?** Call (502) 564-2149

SE	CTION A			BUSIN	ESS / CONTACT INFORMATION						
1.	Legal Busin	ness Name									
2.	Doing Busin	ness As									
3.	8. Federal Employer Identification Number (FEIN)										
4.	Coal Severance Tax Account Number										
Supply a Contact with which the Department may discuss this Appointment form.											
5.	5. Contact Name			6. Contact Title		7.	Contact E-mail Address				
								@			
8.	Daytime Tel	lephone ()		Extension _		9.	Fax ()				
CE	CTION B			OWNEDGIJID DIG	CLOCUDE DECDONCIDLE DADTVUDDA	VTID.					
			Provide o		CLOSURE-RESPONSIBLE PARTY UPDA		on A				
	Provide current information for the Responsible Parties for the Business listed in Section A.  (Officers for Corporations, Members for LLCs, Partners for Partnerships, Owner for Sole Proprietorships)										
	Nar	me (Last, First, MI)	Business Title	Daytime Phone Number (include area code)	Residential Address City, State, Zip Code		E-mail Address	Social Security Number (REQUIRED)			

SECTION C TAXPAYER ADMINISTRATOR APPOINTMENT									
16.	The person appointed as the Taxpayer Administrator will have access to all tax accounts and information for the Business listed in Section A.  To revoke Taxpayer Administrator access or appoint a new Taxpayer Administrator, the Business must contact the Department of Revenue.  (A business can only have one Taxpayer Administrator.)								
Name (Last, First, MI)		Online Access Role	Daytime Phone Number (include area code)	Residential Address, City, State, Zip Code	E-mail Address	Social Security Number (REQUIRED)			
		Taxpayer Administrator							
SECTION D			AUTHO	DRIZED USERS APPOINTMENT					
17.–21.	The Taxpayer Administrator will grant access to specific accounts for the Business listed in Section A.  17.–21.  Authorized Users access may be revoked by the Taxpayer Administrator at any time.  (A business can have multiple Authorized Users.)								
Name (Last, First, MI)		Online Access Role	Daytime Phone Number (include area code)	Residential Address, City, State, Zip Code	E-mail Address	Social Security Number (REQUIRED)			
		Authorized User							
		Authorized User							
		Authorized User							
		Authorized User							
		Authorized User							
		I	MPORTANT: THIS	APPOINTMENT MUST BE SIGNED BELOW:					
The statements contained in this appointment and any accompanying schedules are hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign.									
Signed:				Signed:					
Title:	Fitle:								

For assistance in completing the application, please call the **Kentucky Online Tax Help Desk** at **(502) 564-2149**, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m., Eastern time.

MAIL completed form to:

Date:

KENTUCKY DEPARTMENT OF REVENUE

P.O. BOX 1074, STATION 65 FRANKFORT, KENTUCKY 40602-1074 FAX to:

 $\mathbf{or}$ 

Date:

(502) 564-0995