



Department of Revenue

Thomas Miller
Commissioner

Finance & Administration Cabinet
Bowling Green Taxpayer Service Center
201 West Professional Park Court
Bowling Green, KY 42104
Ph 270-746-7470 Fax 270-746-7847

Elyse Weigel
Deputy Commissioner

Kentucky Department of Revenue records indicate that you will be a vendor at the **Bowling Green International Festival** held **September 26, 2015**. 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** and are reporting and paying the activities of this event on that number, provide the account number on which the activities of this event will be reported in the area designated below. Please use the enclosed envelope to ensure proper delivery and processing.

Name as it appears on permit

Kentucky Sales and Use Tax Permit Number

If you **DO NOT** hold a **Kentucky Sales and Use Tax Permit** number, you must complete the bottom portion of this letter and return it along with the sales tax due. Make checks or money orders payable to: **Kentucky State Treasurer**. Please use the enclosed envelope to ensure proper delivery and processing.

(If you provide service only, please fill out form below and explain what your business activity consists of.)

Failure to comply with this request by **October 20, 2015** will result in the issuance of a Jeopardy Assessment pursuant to KRS 131.150. Such assessment will include all applicable penalties and interest.

**A \$100.00 MINIMUM PENALTY WILL RESULT FOR ALL NONFILED RETURNS.
YOU MUST RETURN THIS FORM TO THE KENTUCKY DEPARTMENT OF REVENUE.**

If you have any questions, contact Tabatha at the Bowling Green Taxpayer Service Center at 270-746-7470 ext 2880106. The office hours are Monday through Friday, 8:00 A.M. to 5:00 P.M.

30A006(12/06)

Temporary Vendor Sales and Use Tax Return/Processing Document

_____		010	_____	
****Social Security Number / FEIN		Tax Type	Business Name	
_____		_____	_____	
Last Name		First Name	Middle Name	
_____		_____	_____	
Street Address		City	State	Zip Code
_____		_____	_____	_____
<u>9</u>	<u>15</u>	<u>114</u>	<u>6</u>	
Month	Year	County	Type	
(1-12)			Return	
_____, _____		X 6% =	_____, _____	
Total Receipts			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: Bowling Green International Festival 9/26/2015 Field Officer Initials: TLG