



FINANCE AND ADMINISTRATION CABINET
DEPARTMENT OF REVENUE
PADUCAH TAXPAYER SERVICE CENTER
CLARK BUSINESS COMPLEX
2928 Park Avenue, Suite G
Paducah, Kentucky 42001-4024
Phone: (270) 575-7148
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Andy Beshear
GOVERNOR

Holly M. Johnson
SECRETARY

Thomas B. Miller
COMMISSIONER

Latonia L. Dooley
EXECUTIVE DIRECTOR

ALL VENDORS - - THIS LETTER MUST BE RETURNED

Kentucky Department of Revenue records indicate that you will be a vendor at **AQS Quilt Show** in **Paducah, KENTUCKY** held on **April 26th, 27th, 28th & 29th, 2023**. 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

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. Please use the envelope provided.

Failure to comply with this request by **May 30, 2023** 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 Paducah Taxpayer Service Center at (270)575-7148. The office hours are Monday through Friday, 8:00 A.M. to 5:00 P.M.

30A006-PAD (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

04 2023 073 006
Month Year County Type
(1-12) Return

_____, _____, _____ X .06 = _____, _____, _____
Total Sales 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: **AQS Quilt Show** Field Officer Initials: **TP**