



ANDY BESHEAR  
GOVERNOR

**Department of Revenue**  
Finance & Administration Cabinet  
Louisville Taxpayer Service Center  
600 W. Cedar Street, 2<sup>nd</sup> Floor W  
Louisville, KY 40202-2310

HOLLY M. JOHNSON  
SECRETARY

THOMAS B. MILLER  
COMMISSIONER

BARBARA A. BARNES  
EXECUTIVE DIRECTOR

ALL VENDORS - - THIS LETTER MUST BE RETURNED

Kentucky Department of Revenue records indicate that you will be a vendor at the **2020 Mid-America Trucking Show** held on **March 26-28, 2020** in Louisville, Kentucky. 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 address in the letterhead to send form and payment.

Failure to comply with this request by **April 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 Louisville Taxpayer Service Center at (502)595-4512. The office hours are Monday through Friday, 8:00 A.M. to 4:30 P.M.

30A006-LOU (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

03      2020      056      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: 2020 MATS

Field Officer Initials: RO

