



**FINANCE AND ADMINISTRATION CABINET  
DEPARTMENT OF REVENUE  
LOUISVILLE TAXPAYER SERVICE CENTER**

600 W. Cedar Street, 2<sup>nd</sup> Floor W  
Louisville, Kentucky 40202-2310  
Phone: (502) 595-4512  
Fax: (502) 595-4205

**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 the **OHIO VALLEY MILITARY SHOW** in **LOUISVILLE, KENTUCKY** held on **FEBRUARY 22<sup>ND</sup> – 26<sup>TH</sup>, 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 **MARCH 20, 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 Louisville Taxpayer Service Center at (502)595-4512. The office hours are Monday through Friday, 8:00 A.M. to 5:00 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

02      23      056      006  
Month    Year    County    Type  
(1-12)    Return

\_\_\_\_\_  
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: **OVMS 2023**      Field Officer Initials: DN

