31A011-COR (12-11)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

ASSIGNMENT NUMBER
Internal Use Only

DEPARTMENT OF REVENUE
CORBIN TAXPAYER SERVICE CENTER
15100 NORTH US 25E, SUITE 2
CORBIN, KENTUCKY 40701-6188
www.revenue.ky.gov

TAXPAYER DATA QUESTIONNAIRE

Company or Corporation Name		Federal Employer Identification Number	Tax ID #	
Street Address	Suite	City	State	Zip

1. Which records are computerized?

☐ Sales Journal ☐ Purchase Journal/Check Register ☐ Fixed Assets ☐ General Ledger ☐ Trial Balances

2. Can invoice copies or invoice images be provided for review at the Department of Revenue office?

☐ Expenses ☐ Sales ☐ Fixed Assets

3. Does your company prepare trial balances by general ledger account number for its Kentucky locations?

☐ Yes ☐ No

Please complete chart below:

System	Type of information (Place an "*x*" by appropriate type)		Period from MM/YYYY	Period to MM/YYYY	Software Packages Used
	Detail	Summary			
Sales					
Purchase Journal					
Fixed Assets					
General Ledger					

4. Please indicate which file format your computer system is capable of transferring data:

☐ Microsoft Excel® (.xls, .xlsx) ☐ ASCII delimited (.txt, .csv, .prn)
☐ FoxPro dBASE 5® dBASE IV® (.dbf) ☐ Microsoft ACCESS® (.mdb, .mdw, .mde)
☐ EBCDIC (mainframe flat file) ☐ Other (specify): _____

5. Indicate which media types your system is capable of exporting to:

☐ CD-ROM ☐ Flash Drive ☐ DVD-ROM ☐ Taxpayer FTP Site ☐ Other: _____

6. Can sample data be provided?

☐ Yes ☐ No

7. Approximately how many Kentucky *expense* transactions exist for your company yearly?

☐ -0-	☐ less than 1,250	☐ 1,250-25,000	☐ greater than 25,000

8. Approximately how many Kentucky *sales* transactions exist for your company yearly?

☐ -0-	☐ less than 1,250	☐ 1,250-25,000	☐ greater than 25,000

9. Approximately how many Kentucky *fixed asset additions* exist for your company yearly?

☐ -0-	☐ less than 100	☐ 100-500	☐ greater than 500

10. Please check each item captured and stored by your system:

	FIELDS	PURCHASES		SALES	COMMENTS
		FIXED ASSETS	EXPENSES		
ALL	DELIVERY STATE				
	INVOICE DATE				
	INVOICE NUMBER				
	PRODUCT DESCRIPTION				
	SHIPPING CHARGES				
	TAX (PAID/CHARGED)				
	TOTAL INVOICE AMOUNT				
PURCHASES	BATCH NUMBER				
	DATE PAID				
	DEPARTMENT				
	G/L ACCOUNT NUMBER				
	JOURNAL NUMBER				
	PURCHASE ORDER NUMBER				
	TAX ACCRUED				
	VENDOR ADDRESS				
	VENDOR CITY				
	VENDOR NAME				
	VENDOR NUMBER				
	VENDOR STATE				
SALES	CUSTOMER NAME				
	CUSTOMER NUMBER				
	PRODUCT NUMBER				
	RESALE NUMBER				
	SHIP TO ADDRESS				
	SHIP TO CITY				

Please print

IT Contact: _____ Phone: _____ E-mail: _____

Audit Contact: _____ Title: _____ Phone: _____

I, the undersigned, attest to the answers indicated on this form as being a true representation of the business.

E-mail: _____ Signature: _____ Date: _____