



DEPARTMENT OF REVENUE
PIKEVILLE TAXPAYER SERVICE CENTER
 UNIPLEX CENTER, SUITE 203, 126 TRIVETTE DRIVE
 PIKEVILLE, KENTUCKY 41501-1275
www.revenue.ky.gov

ASSIGNMENT NUMBER
Internal Use Only

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?

<input type="checkbox"/> -0-	<input type="checkbox"/> less than 1,250	<input type="checkbox"/> 1,250-25,000	<input type="checkbox"/> greater than 25,000
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8. Approximately how many Kentucky *sales* transactions exist for your company yearly?

<input type="checkbox"/> -0-	<input type="checkbox"/> less than 1,250	<input type="checkbox"/> 1,250-25,000	<input type="checkbox"/> greater than 25,000
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9. Approximately how many Kentucky *fixed asset additions* exist for your company yearly?

<input type="checkbox"/> -0-	<input type="checkbox"/> less than 100	<input type="checkbox"/> 100-500	<input type="checkbox"/> greater than 500
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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: _____