



Commonwealth of Kentucky
Department of Revenue

Electronic Transmittal Authorization

Last name	First name	Middle Initial
Tax Payer ID # or FEIN	Address	

Business name & address

CERTIFICATION

I certify that the Kentucky Department of Revenue’s representative may electronically transmit state records, financial or otherwise, related to my audit, electronically, via e-mail. I, the taxpayer/ authorized representative, understand that the information transmitted may be confidential in nature and I will not hold the Kentucky Department of Revenue liable for any loss of information, due to the unintentional interception or misdirection of the audit information. In order to provide the maximum security; please transmit all information to the following e-mail address: _____

The Internal Revenue Service specifically prohibits the transmission of federal data via e-mail, either through the Kentucky Information Highway or Internet.

Taxpayer or Authorized Representative Signature	Date
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