



EARTH FIRST OF KENTUCKIANA, INC.

P.O. BOX 123

SELLERSBURG, IN 47172

(812) 923-1227 • FAX (812) 248-0414

August 26, 2020

Bob,

We will allow you to park two of your delivery vehicles on Earth First of Kentuckiana, Inc. Outer Loop Property for a one-month period of time while you arrange alternative parking arrangements for your vehicles. Earth First will not be financially liable while your vehicles are parked on the property. You will only have access to the property during our operating hours as not to cause us conflict with our zoning restrictions.

We hope this helps you have a little more time to make other arrangements.

Sincerely,

Lori Nichols

Owner/Board Member

Earth First of Kentuckiana, Inc.

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20-Appel-0007



ASSOCIATES
IN ACCOUNTING CPA
FIELDS | USSELLIS

July 15, 2014

Robert Humpich
Humpich Trucking, LLC
7614 Buena Vista Court
Louisville, Ky 40219

Dear Robert:

Enclosed are the applications for **Humpich Trucking, LLC** to file for the governmental numbers needed to operate as an **S-Corporation**. Please review each application carefully and sign where indicated. An envelope has been attached to each form for your convenience in mailing. **We recommend using certified mail for all applications. Your local post office can assist you in that process.**

The **Form 2553, Election by a Small Business Corporation**, should be signed, dated and **certified mailed as soon as possible to:**

Internal Revenue Service
Cincinnati, OH 45999

The **Form 8832, Entity Classification Election**, should be signed, dated and **certified mailed as soon as possible to:**

Internal Revenue Service
Cincinnati, OH 45999

The **Kentucky Tax Registration Application for Withholding** should be signed, dated, and mailed **as soon as possible to:**

Kentucky Department of Revenue
P.O. Box 299, Station 20
Frankfort, KY 40602-0299

The **Louisville/Jefferson County Metro Revenue Commission Application** should be signed, dated and mailed **as soon as possible to:**

Louisville/Jefferson County Metro Revenue Commission
P.O. Box 35410
Louisville, KY 40232-5410

Once identification numbers have been assigned to you, please forward them to our office for our records.

Copies of all forms are enclosed for your records. If you have questions, please contact our office. We appreciate your business and welcome further opportunities to serve you.

Sincerely,

Rick Fields, CPA

Rick Fields, CPA

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RF:mjf

Enclosures

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2020

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Filed Pursuant to Rev. Proc. 2007-62

Form **2553**

(Rev. December 2013)

Department of the Treasury
Internal Revenue Service

Election by a Small Business Corporation
(Under section 1362 of the Internal Revenue Code)

▶ See Parts II and III on page 3.

▶ You can fax this form to the IRS (see separate instructions).

▶ Information about Form 2553 and its separate instructions is at www.irs.gov/form2553.

OMB No. 1545-0123

Note. This election to be an S corporation can be accepted only if all the tests are met under *Who May Elect* in the instructions, all shareholders have signed the consent statement, an officer has signed below, and the exact name and address of the corporation (entity) and other required form information have been provided.

Part I Election Information

Type or Print	Name (see instructions)	A Employer identification number
	Humpich Trucking Company Limited Liability Company	
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	B Date incorporated
	7614 Buena Vista Court	4/22/2014
	City or town, state, and ZIP code	C State of incorporation
	Louisville, KY 40219	Kentucky

D Check the applicable box(es) if the corporation (entity), after applying for the EIN shown in **A** above, changed its ☐ name or ☐ address

E Election is to be effective for tax year beginning (month, day, year) (see instructions) ▶ **4/22/2014**

Caution. A corporation (entity) making the election for its first tax year in existence will usually enter the beginning date of a short tax year that begins on a date other than January 1.

F Selected tax year:

- (1) ☒ Calendar year
(2) ☐ Fiscal year ending (month and day) ▶ _____
(3) ☐ 52-53-week year ending with reference to the month of December
(4) ☐ 52-53-week year ending with reference to the month of ▶ _____

If box (2) or (4) is checked, complete Part II.

G If more than 100 shareholders are listed for item **J** (see page 2), check this box if treating members of a family as one shareholder results in no more than 100 shareholders (see test 2 under *Who May Elect* in the instructions) ▶ ☐

H Name and title of officer or legal representative who the IRS may call for more information	I Telephone number of officer or legal representative
Jeff U'Sellis, CPA	502-451-8678

If this S corporation election is being filed late, I declare that I had reasonable cause for not filing Form 2553 timely, and if this late election is being made by an entity eligible to elect to be treated as a corporation, I declare that I also had reasonable cause for not filing an entity classification election timely and that the representations listed in Part IV are true. See below for my explanation of the reasons the election or elections were not made on time and a description of my diligent actions to correct the mistake upon its discovery (see instructions).

See Attached

Sign Here

Under penalties of perjury, I declare that I have examined this election, including accompanying documents, and, to the best of my knowledge and belief, the election contains all the relevant facts relating to the election, and such facts are true, correct, and complete.

Signature of officer	Title	Date
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For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 18629R

Form **2553** (Rev. 12-2013)

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Part II Selection of Fiscal Tax Year (see instructions)

Note. All corporations using this part must complete item O and item P, Q, or R.

O Check the applicable box to indicate whether the corporation is:

1. ☐ A new corporation **adopting** the tax year entered in item F, Part I.
2. ☐ An existing corporation **retaining** the tax year entered in item F, Part I.
3. ☐ An existing corporation **changing** to the tax year entered in item F, Part I.

P Complete item P if the corporation is using the automatic approval provisions of Rev. Proc. 2006-46, 2006-45 I.R.B. 859, to request (1) a natural business year (as defined in section 5.07 of Rev. Proc. 2006-46) or (2) a year that satisfies the ownership tax year test (as defined in section 5.08 of Rev. Proc. 2006-46). Check the applicable box below to indicate the representation statement the corporation is making.

1. Natural Business Year ☐ I represent that the corporation is adopting, retaining, or changing to a tax year that qualifies as its natural business year (as defined in section 5.07 of Rev. Proc. 2006-46) and has attached a statement showing separately for each month the gross receipts for the most recent 47 months (see instructions). I also represent that the corporation is not precluded by section 4.02 of Rev. Proc. 2006-46 from obtaining automatic approval of such adoption, retention, or change in tax year.

2. Ownership Tax Year ☐ I represent that shareholders (as described in section 5.08 of Rev. Proc. 2006-46) holding more than half of the shares of the stock (as of the first day of the tax year to which the request relates) of the corporation have the same tax year or are concurrently changing to the tax year that the corporation adopts, retains, or changes to per item F, Part I, and that such tax year satisfies the requirement of section 4.01(3) of Rev. Proc. 2006-46. I also represent that the corporation is not precluded by section 4.02 of Rev. Proc. 2006-46 from obtaining automatic approval of such adoption, retention, or change in tax year.

Note. If you do not use item P and the corporation wants a fiscal tax year, complete either item Q or R below. Item Q is used to request a fiscal tax year based on a business purpose and to make a back-up section 444 election. Item R is used to make a regular section 444 election.

Q Business Purpose—To request a fiscal tax year based on a business purpose, check box Q1. See instructions for details including payment of a user fee. You may also check box Q2 and/or box Q3.

1. Check here ☐ if the fiscal year entered in item F, Part I, is requested under the prior approval provisions of Rev. Proc. 2002-39, 2002-22 I.R.B. 1046. Attach to Form 2553 a statement describing the relevant facts and circumstances and, if applicable, the gross receipts from sales and services necessary to establish a business purpose. See the instructions for details regarding the gross receipts from sales and services. If the IRS proposes to disapprove the requested fiscal year, do you want a conference with the IRS National Office?

☐ Yes ☐ No

2. Check here ☐ to show that the corporation intends to make a back-up section 444 election in the event the corporation's business purpose request is not approved by the IRS. (See instructions for more information.)

3. Check here ☐ to show that the corporation agrees to adopt or change to a tax year ending December 31 if necessary for the IRS to accept this election for S corporation status in the event (1) the corporation's business purpose request is not approved and the corporation makes a back-up section 444 election, but is ultimately not qualified to make a section 444 election, or (2) the corporation's business purpose request is not approved and the corporation did not make a back-up section 444 election.

R Section 444 Election—To make a section 444 election, check box R1. You may also check box R2.

1. Check here ☐ to show that the corporation will make, if qualified, a section 444 election to have the fiscal tax year shown in item F, Part I. To make the election, you must complete **Form 8716, Election To Have a Tax Year Other Than a Required Tax Year**, and either attach it to Form 2553 or file it separately.

2. Check here ☐ to show that the corporation agrees to adopt or change to a tax year ending December 31 if necessary for the IRS to accept this election for S corporation status in the event the corporation is ultimately not qualified to make a section 444 election.

Part III Qualified Subchapter S Trust (QSST) Election Under Section 1361(d)(2)*

Income beneficiary's name and address SEP 08 2020	Social security number
Trust's name and address FLORIAN TRUST	Employer identification number

Date on which stock of the corporation was transferred to the trust (month, day, year) ▶

In order for the trust named above to be a QSST and thus a qualifying shareholder of the S corporation for which this Form 2553 is filed, I hereby make the election under section 1361(d)(2). Under penalties of perjury, I certify that the trust meets the definitional requirements of section 1361(d)(3) and that all other information provided in Part III is true, correct, and complete.

Signature of income beneficiary or signature and title of legal representative or other qualified person making the election

Date

*Use Part III to make the QSST election only if stock of the corporation has been transferred to the trust on or before the date on which the corporation makes its election to be an S corporation. The QSST election must be made and filed separately if stock of the corporation is transferred to the trust after the date on which the corporation makes the S election.

Part IV Late Corporate Classification Election Representations (see instructions)

If a late entity classification election was intended to be effective on the same date that the S corporation election was intended to be effective, relief for a late S corporation election must also include the following representations.

- 1 The requesting entity is an eligible entity as defined in Regulations section 301.7701-3(a);
- 2 The requesting entity intended to be classified as a corporation as of the effective date of the S corporation status;
- 3 The requesting entity fails to qualify as a corporation solely because Form 8832, Entity Classification Election, was not timely filed under Regulations section 301.7701-3(c)(1)(i), or Form 8832 was not deemed to have been filed under Regulations section 301.7701-3(c)(1)(v)(C);
- 4 The requesting entity fails to qualify as an S corporation on the effective date of the S corporation status solely because the S corporation election was not timely filed pursuant to section 1362(b); and
- 5a The requesting entity timely filed all required federal tax returns and information returns consistent with its requested classification as an S corporation for all of the years the entity intended to be an S corporation and no inconsistent tax or information returns have been filed by or with respect to the entity during any of the tax years, or
- b The requesting entity has not filed a federal tax or information return for the first year in which the election was intended to be effective because the due date has not passed for that year's federal tax or information return.

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U.S. DEPARTMENT OF THE TREASURY

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Humpich Trucking Company Limited Liability Company
EIN #
Form: 2553 & 8832
Rev Proc 2007-62

The above referenced company requests to be classified as an S-corporation as of April 22, 2014; however the shareholder was unaware of the timeframe required in filing the Form 2553 requesting S-corporation status, and the Form 8832, entity classification.

During the period from April 22, 2014 and the completed Forms 2553 and 8832 being filed, all income was reported on all affected returns, consistent with the S-corporation election for the year the election should have been made and for all subsequent years.

"Under penalties of perjury, I declare that, to the best of my knowledge and belief, the facts presented in support of this election are true, correct and complete."

X 

Robert Humpich
Member
Humpich Trucking Company Limited Liability Company

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Form **8832**

(Rev. December 2013)

Department of the Treasury
Internal Revenue Service**Entity Classification Election**

OMB No. 1545-1516

► Information about Form 8832 and its instructions is at www.irs.gov/form8832.

Type or Print	Name of eligible entity making election	Employer identification number
	Humpich Trucking Company Limited Liability Company	
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	7614 Buena Vista Court	
	City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country. Follow the country's practice for entering the postal code.	
	Louisville, KY 40219	
► Check if: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Late classification relief sought under Revenue Procedure 2009-41 <input type="checkbox"/> Relief for a late change of entity classification election sought under Revenue Procedure 2010-32		

Part I Election Information**1 Type of election** (see instructions):

- a ☒ Initial classification by a newly-formed entity. Skip lines 2a and 2b and go to line 3.
b ☐ Change in current classification. Go to line 2a.

2a Has the eligible entity previously filed an entity election that had an effective date within the last 60 months?

- ☐ Yes. Go to line 2b.
☐ No. Skip line 2b and go to line 3.

2b Was the eligible entity's prior election an initial classification election by a newly formed entity that was effective on the date of formation?

- ☐ Yes. Go to line 3.
☐ No. Stop here. You generally are not currently eligible to make the election (see instructions).

3 Does the eligible entity have more than one owner?

- ☐ Yes. You can elect to be classified as a partnership or an association taxable as a corporation. Skip line 4 and go to line 5.
☒ No. You can elect to be classified as an association taxable as a corporation or to be disregarded as a separate entity. Go to line 4.

4 If the eligible entity has only one owner, provide the following information:

- a Name of owner ► **Robert Humpich**
b Identifying number of owner ► _____

5 If the eligible entity is owned by one or more affiliated corporations that file a consolidated return, provide the name and employer identification number of the parent corporation:

- a Name of parent corporation ► _____
b Employer identification number ► _____

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 22598R

Form **8832** (Rev. 12-2013)

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6 **Type of entity** (see instructions):

- 7 If the eligible entity is created or organized in a foreign jurisdiction, provide the foreign country of organization ►

9	Name and title of contact person whom the IRS may call for more information	10	Contact person's telephone number
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502-451-8678

Under penalties of perjury, I (we) declare that I (we) consent to the election of the above-named entity to be classified as indicated above, and that I (we) have examined this election and consent statement, and to the best of my (our) knowledge and belief, this election and consent statement are true, correct, and complete. If I am an officer, manager, or member signing for the entity, I further declare under penalties of perjury that I am authorized to make the election on its behalf.

[illegible]

Humpich Trucking Company Limited Liability Company
EIN #
Form: 2553 & 8832
Rev Proc 2007-62

The above referenced company requests to be classified as an S-corporation as of April 22, 2014; however the shareholder was unaware of the timeframe required in filing the Form 2553 requesting S-corporation status, and the Form 8832, entity classification.

During the period from April 22, 2014 and the completed Forms 2553 and 8832 being filed, all income was reported on all affected returns, consistent with the S-corporation election for the year the election should have been made and for all subsequent years.

"Under penalties of perjury, I declare that, to the best of my knowledge and belief, the facts presented in support of this election are true, correct and complete."



Robert Humpich
Member

Humpich Trucking Company Limited Liability Company

RF

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PLAN 2007-62

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FOR OFFICE USE ONLY		
<input type="checkbox"/> WH	<input type="checkbox"/> SU	<input type="checkbox"/> TEL
<input type="checkbox"/> TR	<input type="checkbox"/> UTL	<input type="checkbox"/> CU
<input type="checkbox"/> TF		<input type="checkbox"/> CP
		<input type="checkbox"/> CT
		<input type="checkbox"/> LL
		<input type="checkbox"/> CID
CRIS #		
CTS CASE #		Coded
CTS Person ID #		Date Coded
RCS Flag		Data Entry
NAICS	SIC	Date Data Entered

KENTUCKY TAX REGISTRATION APPLICATION

NOTE: For your convenience, application may be filed online at <http://onestop.ky.gov>

- Incomplete or illegible applications will delay processing and will be returned.
- Print or type the application using blue or black ink only.
- Please see instructions for questions regarding completion of the application.
- **Need Help?** Call (502) 564-3306 or visit www.revenue.ky.gov

SECTION A REASON FOR COMPLETING THIS APPLICATION (Must Be Completed)

1. Effective Date 4 / 22 / 2014

- ☒ Opened new business/Began activity in Kentucky
- ☐ Resumption of business
- ☐ Hired employees working outside KY who have a KY residence
- ☐ Applying for other accounts/Began a new taxable activity
- ☐ Bidding for State Government Contract (State Vendor or Affiliates)
- ☐ Purchased an existing business (See Instructions)
- ☐ Ownership/Entity type change or conversion
(Specify previous type; See Instructions)
- ☐ Change in Federal Identification Number (FEIN) or Kentucky
Secretary of State Organization Number
- ☐ Other (Specify) _____

2. Previous Account Numbers (If Applicable)

Kentucky Employer's Withholding Tax _____

Kentucky Sales and Use Tax _____

Kentucky Telecommunications Tax _____

Kentucky Utilities Gross Receipts License Tax _____

Kentucky Consumer's Use Tax _____

Kentucky Corporation Income Tax and/or
Limited Liability Entity Tax _____

Kentucky Coal Severance & Processing Tax _____

Federal ID Number (FEIN) _____

Kentucky Secretary of State Organization Number _____

To update information for your existing account(s) or report
opening a new location of your current business, use
Form 10A104, Update or Cancellation of Kentucky Tax Account(s).

SECTION B BUSINESS / RESPONSIBLE PARTY / CONTACT INFORMATION (Must Be Completed)

3. Legal Business Name Humpich Trucking Company Limited Liability Company

4. Doing Business As (See Instructions) _____

5. Federal Employer Identification Number (FEIN)
(Required, complete prior to submitting)

4 6 — 5 5 2 5 1 2 4

6. Secretary of State Information (if applicable)

Kentucky Secretary of State Organization Number		<u>0</u> <u>8</u> <u>8</u> <u>5</u> <u>3</u> <u>2</u> <u>2</u>
Date of Incorporation/Organization <u>4</u> / <u>22</u> / <u>2014</u>	State of Incorporation/Organization <u>Kentucky</u>	If an Out-of-state Entity, Date of Qualification with the Kentucky Secretary of State's Office ____/____/____

7. Primary Business Location

Street Address (DO NOT List a PO Box) <u>7614 Buena Vista Court</u>		
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40219</u>
Telephone Number <u>(502) 608-0048</u>	County (if in Kentucky) <u>Jefferson</u>	

8. Accounting Period

- ☒ Calendar Year: Year Ending December 31st
- ☐ Fiscal Year: Year Ending ____/____ (mm/dd)
- ☐ 52/53 Week Calendar Year: December _____
(Day of Week that year ends)
- ☐ 52/53 Week Fiscal Year: _____
(Month & Day of Week that year ends)

9. Accounting Method

- ☐ Cash ☒ Accrual

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- | | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------|
| 20. Will you make retail and/or wholesale sales of tangible personal property or digital property in Kentucky?.....
(Examples: prepared food, internet sales, downloaded music and books, see Instructions for more.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Will you install replacement parts for the repair or recondition of tangible personal property?.....
(Examples: automotive repairs, computer or electronics repair, furniture repair, see Instructions for more.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Will you produce, fabricate, process, print or imprint tangible personal property?.....
(Examples: sign making, window tinting, embroidery, screen printing, engraving, see Instructions for more.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will you rent or lease tangible personal property or digital property to others, including related companies?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24. Will you charge taxable admissions?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 25. Will you rent temporary lodging to others?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 26. Will you sell for or are you a manufacturer's agent soliciting orders for a nonresident seller not registered in Kentucky?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 27. Will you receive receipts from the breeding of a stallion to a mare in Kentucky?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 28. Will you make sales of motor vehicles to residents of AZ, CA, FL, IN, MA, MI, SC, or WA?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29. Will you make sales of aviation jet fuel?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30. Are you a manufacturing fee processor or a contract miner located in Kentucky?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 31. Are you bidding on a contract with Kentucky state government to be a state vendor?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32. Are you an affiliate of a company that has been awarded a Kentucky state government contract and is a state vendor?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 33. Will you sell any of the following? | | |
| Yes No | Yes No | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> A. Coal or other minerals | <input type="checkbox"/> <input checked="" type="checkbox"/> E. Sewer services | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> B. Water utilities | <input type="checkbox"/> <input checked="" type="checkbox"/> F. Communication services | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> C. Natural, artificial, or mixed gas utilities | <input type="checkbox"/> <input checked="" type="checkbox"/> G. Multichannel video programming services | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> D. Electricity | *(see Instructions) | |

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**If you answered "YES" to ANY of questions 20 through 33 (except 33 G),
you must complete SECTION E and you may SKIP questions 34-35.**

If you answered "YES" to ANY of questions 33 B through 33 G, you must ALSO complete SECTION F.

- | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 34. Are you a construction company/contractor that will bring into this state construction materials or supplies on which
no Kentucky sales tax or equivalent has been paid?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 35. Will you make purchases from out-of-state vendors and not pay Kentucky sales or use tax to the seller on those
purchases?.....
(If you are a PROFESSIONAL SERVICE business or if your business will make a one-time purchase only, please see
Instructions for important additional details.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answered "YES" to EITHER of questions 34 or 35, you must complete SECTION G.

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 36. Will you mine coal that you own or possess the mineral rights to, either by deed, lease, consent, etc.?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37. Does your company perform one or more of the following activities:
A. Purchase coal for the purpose of processing and resale?.....
B. Process refuse coal?.....
(Processing means cleaning, breaking, sizing, dust allaying, treating to prevent freezing, or loading or unloading for any purpose.)
C. Purchase and sell coal as a coal broker?..... | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> | <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> |

If you answered "YES" to ANY of questions 36 or 37, you must complete SECTION H and SECTION E.

- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 38. Is your business/organization a corporation, S corporation, professional service corporation (PSC), association, homeowner's
association, cooperative, limited cooperative association, statutory trust, series of a statutory trust, limited partnership (LP or
PLP), limited liability partnership (LLP or PLLP), limited liability limited partnership (LLLP or PLLLP), series of a partnership,
limited liability company (LLC or PLLC), series of a limited liability company, real estate investment trust (REIT), regulated
investment company (RIC), real estate mortgage investment conduit (REMIC), protected cell company (PCC), cell of a protected
cell company, or similar entity created with limited liability for the partners, members or shareholders?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answered "YES" to question 38, you must answer questions 39 through 49.

Sole Proprietorships, HHCSRs, and General Partnerships should SKIP questions 39 through 49.

- | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 39. Is your corporation incorporated or your limited liability entity organized under the laws of Kentucky with the Kentucky Secretary
of State's Office?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 40. Will your corporation/limited liability entity have its commercial domicile in Kentucky?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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44. Will your corporation/limited liability entity derive income from, or attributable to, sources within Kentucky? ☐ ☒
45. Will your corporation/limited liability entity derive income directly or indirectly from a trust doing business in Kentucky? ☐ ☒
46. Will your corporation/limited liability entity derive income directly or indirectly from a single-member limited liability company that is doing business in Kentucky and is disregarded as an entity separate from its single member for federal income tax purposes? ☐ ☒
47. Will your corporation/limited liability entity direct activities at Kentucky customers for the purpose of selling them goods? ☐ ☒
48. Will your corporation/limited liability entity direct activities at Kentucky customers for the purpose of selling them services? ☒ ☐
49. Will your corporation/limited liability entity own/lease any intangible property or receive payments from a related member as defined in KRS 141.205(1)(g) or an unrelated party for the use of intangible property in Kentucky such as royalties, franchise agreements, patents, trademarks, etc.? ☐ ☒

If you answered "YES" to ANY of questions 39 through 49, you must complete SECTION I.

SECTION D**EMPLOYER'S WITHHOLDING TAX ACCOUNT**

Must be completed if you answered "YES" to ANY of the questions 16 through 19.

For Office Use Only: WH #

50. A. Has a Kentucky Employer's Withholding Tax Account already been assigned to this business? ☐ Yes ☐ No

B. If yes, list the Employer's Withholding Tax Account Number

--	--	--	--	--	--

51. Number of Kentucky employees _____

54. Employer's Withholding Tax returns should be mailed to:

52. Date wages/pensions first paid or will be paid (REQUIRED)

☐ Use the same address as listed on Page 1, Section B, Question 7

____/____/____

53. Estimated total annual tax withheld in Kentucky:

☐ \$0.00-\$399.99 ☐ \$2,000.00-\$49,999.99

☐ \$400.00-\$1,999.99 ☐ \$50,000.00 or more

c/o or Attn.		
Address		
City		
State	Zip Code	
Mailing Telephone Number		County (if in Kentucky)

SECTION E**SALES AND USE TAX ACCOUNT****TRANSIENT ROOM TAX ACCOUNT AND MOTOR VEHICLE TIRE FEE ACCOUNT**

Must be completed if you answered "YES" to ANY of the questions 20 through 33 (except 33 G) or question 36 or 37.

For Office Use Only: SU / TR / TF #

55. A. Has a Kentucky Sales and Use Tax Account already been assigned to this business? ☐ Yes ☐ No

B. If yes, list the Sales and Use Tax Account Number

--	--	--	--	--	--

56. Date sales began or will begin (REQUIRED)

____/____/____

61. Sales and Use Tax returns should be mailed to:

☐ Use the same address as listed on Page 1, Section B, Question 7

57. Do you rent temporary lodging to others? ☐ Yes ☐ No

58. Do you sell new tires for motor vehicles? ☐ Yes ☐ No

59. Estimated gross monthly sales tax collected in Kentucky:

☐ \$0.00-\$1,199.99 ☐ \$1,200.00 or more

60. A. Does this business have additional locations in Kentucky other than the one listed on Page 1, Section B, Question 7?

☐ Yes ☐ No

- B. If yes, attach a listing of all additional Kentucky locations. For each location, the attachment should include: doing business as (DBA) name, physical location address, phone number, date location was opened, and a description of the location's business activity.

c/o or Attn.		
Address		
City		
State	Zip Code	
Mailing Telephone Number		County (if in Kentucky)

20-Appel-0007

SECTION F TELECOMMUNICATIONS TAX ACCOUNT AND/OR UTILITY GROSS RECEIPTS LICENSE TAX ACCOUNT

Must be completed if you answered "YES" to ANY of the questions 33B through 33G.

For Office Use Only: TEL #
UTL #

62. A. Has a Kentucky Telecommunications and/or Utility Gross Receipts License Tax Account already been assigned to this business?
- ☐
- Yes
- ☐
- No

- B. If yes, list the Telecommunications Tax Account Number

--	--	--	--	--	--

- If yes, list the Utility Gross Receipts License Tax Account Number

--	--	--	--	--	--

63. Date sales of communications or utilities began or will begin (REQUIRED)

____/____/____

Once the account for *Telecommunications Tax* is assigned, use the following website to set up account for online filing of returns.<http://revenue.ky.gov/business/Telecom.htm>

64. Telephone Number

(____) _____ - _____

Once the account for *Utility Gross Receipts License Tax* is assigned, use the following website to set up account for online filing of returns.<http://revenue.ky.gov/business/utltschool.htm>**SECTION G****CONSUMER'S USE TAX ACCOUNT**

Must be completed if you answered "YES" to EITHER question 34 or 35.

For Office Use Only: CU #

65. A. Has a Consumer's Use Tax Account already been assigned to this business?
- ☐
- Yes
- ☐
- No

- B. If yes, list the Consumer's Use Tax Account Number

--	--	--	--	--	--

66. Date purchases began or will begin (REQUIRED)

____/____/____

- 67.
- Consumer's Use Tax*
- returns should be mailed to:

☐ Use the same address as listed on Page 1, Section B, Question 7

c/o or Attn.		
Address		
City	State	Zip Code
Mailing Telephone Number	County (if in Kentucky)	

SECTION H COAL SEVERANCE/PROCESSING TAX ACCOUNT and/or COAL SELLER/PURCHASER CERTIFICATE ID #

Must be completed if you answered "YES" to EITHER question 36 or 37.

For Office Use Only: CT #
CID #

68. A. Has a Coal Severance Tax Account and/or a Coal Seller/Purchaser Certificate ID # already been assigned to this business?
- ☐
- Yes
- ☐
- No

- B. If yes, list the Coal Severance Tax Account Number

--	--	--	--	--	--	--	--	--	--

- If yes, list the Coal Seller/Purchaser Certificate ID Number

--	--	--	--	--	--	--

69. Date mining/processing or coal brokering operations began or will begin (REQUIRED)

____/____/____

- 70.
- Coal Severance & Processing Tax*
- returns should be mailed to:

☐ Use the same address as listed on Page 1, Section B, Question 7

c/o or Attn.		
Address		
City	State	Zip Code
Mailing Telephone Number	County (if in Kentucky)	

20-Appen1-000

SECTION I

CORPORATION INCOME AND/OR LIMITED LIABILITY ENTITY TAX ACCOUNT

Must be completed if you answered "YES" to ANY of the questions 39 through 49.

For Office Use Only: CP / LL #

71. A. Has a Corporation Income and/or Limited Liability Entity Tax Account already been assigned to this business? ☐ Yes ☒ No
- B. If yes, list the Corporation Income or Limited Liability Entity Tax Account Number

72. A. Is your entity exempt from Corporation Income Tax and/or Limited Liability Entity Tax under Kentucky law? ☐ Yes ☒ No

B. If yes, select the exemption type below:

☐ Financial institution, as defined in KRS 136.500, except banker's banks organized under KRS 287.135 or KRS 286.3-135

☐ Savings and loan association organized under the laws of this state and under the laws of the United States and making loans to members only

☐ Bank for cooperatives

☐ Production credit association

☐ Insurance company, including farmers or other mutual hail, cyclone, windstorm, or fire insurance companies, insurers, and reciprocal underwriters (does not include insurance agencies)

☐ Corporation or other entity exempt under Section 501 of the Internal Revenue Code

☐ Religious, educational, charitable, or like corporation not organized or conducted for pecuniary profit

☐ Corporation whose only owned or leased property located in this state is located at the premises of a printer with which it has contracted for printing, provided that: 1. The property consists of the final printed product, or copy from which the printed product is produced; and 2. The corporation has no individuals receiving compensation in this state as provided in KRS 141.120(8)(b)

☐ Public service corporation subject to tax under KRS 136.120

☐ Open-end registered investment company organized under the laws of this state and registered under the Investment Company Act of 1940

☐ Any property or facility which has been certified as a fluidized bed energy production facility as defined in KRS 211.390

☐ An alcohol production facility as defined in KRS 247.910

☐ Real estate investment trust (REIT) as defined in Section 856 of the Internal Revenue Code

☐ Regulated investment company (RIC) as defined in Section 851 of the Internal Revenue Code

☐ Real estate mortgage investment conduit (REMIC) as defined in Section 860D of the Internal Revenue Code

☐ Personal service corporation as defined in Section 269A(b)(1) of the Internal Revenue Code

☐ Publicly traded partnership as defined by Section 7704(b) of the Internal Revenue Code that is treated as a partnership for federal tax purposes under Section 7704(c) of the Internal Revenue Code, or their publicly traded partnership affiliates. (Publicly traded partnership affiliates shall include any limited liability company or limited partnership for which at least eighty percent (80%) of the limited liability company member interests or limited partner interests are owned directly or indirectly by the publicly traded partnership.)

☐ Qualified investment partnership (QIP) as defined in KRS 141.206(15)(a) & (b)

☐ Statutory trust or series of a statutory trust

☐ Cooperative described in Sections 521 and 1381 of the Internal Revenue Code (Select category below)

☐ Farmers' agricultural and other cooperatives organized or recognized under KRS Chapter 272

☐ Advertising cooperatives

☐ Purchasing cooperatives

☐ Homeowner's associations including those described in Section 528 of the Internal Revenue Code

☐ Political organizations as defined in Section 527 of the Internal Revenue Code

☐ Rural electric and rural telephone cooperatives

- C. If **Political Organization** selected above, are you required to file Federal Form 1120-POL? ☐ Yes ☐ No

73. A. Is this entity treated Federally as a division of a parent company and not separately taxed as its own entity? ☐ Yes ☒ No

B. If yes, select the division type below:

☐ Qualified Subchapter S-corporation Subsidiary (QSUB)

☐ Qualified Real Estate Investment Trust Subsidiary (QRS)

74. If an out-of-state entity, is your Kentucky activity limited to the mere solicitation of the sale of tangible personal property and exempt from Corporation Income tax due to Public Law 86-272? ☐ Yes ☐ No

75. If an out-of-state entity, date that activity or receipt of pass through income began or will begin in Kentucky

___/___/___

76. Corporation Income and/or Limited Liability Entity Tax correspondence should be mailed to:

☒ Use the same address as listed on Page 1, Section B, Question 7

c/o or Attn.		
Address		
City		
State	Zip Code	
Mailing Telephone Number		County (if in Kentucky)

20-APR-11-000

IMPORTANT: THIS APPLICATION MUST BE SIGNED BELOW:

The statements contained in this application and any accompanying schedules are hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this application.

Signed: _____

Signed: _____

Phone Number: _____

Phone Number: _____

Title: _____ Date: ____/____/____ (mm/dd/yyyy)

Title: _____ Date: ____/____/____ (mm/dd/yyyy)

For assistance in completing the application, please call the **Taxpayer Registration Section** at (502) 564-3306, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m., Eastern Time, or you may contact one of the Kentucky Taxpayer Service Centers or use the Telecommunications Device for the Deaf. Each office is open Monday through Friday, 8:00 a.m. to 5:00 p.m., local time. For a list of Taxpayer Service Centers and phone numbers, see the Instructions.

MAIL completed application to: **KENTUCKY DEPARTMENT OF REVENUE** or **FAX to: 502-227-0772**
P.O. BOX 299, STATION 20
FRANKFORT, KENTUCKY 40602-0299

If you are applying for a withholding account and/or a sales and use tax account and would like to register for Electronic Funds Transfer (EFT), visit the Kentucky Department of Revenue website at www.revenue.ky.gov.

To register for cigarette tax, minerals or natural gas severance tax, motor fuels tax, or any other miscellaneous taxes or fees administered by the Department of Revenue, visit the Department's website at www.revenue.ky.gov.

This form does not include registration with the Secretary of State, Unemployment Insurance, or Workers' Compensation Insurance. For assistance, please contact those offices at the numbers below.

Secretary of State (502) 564-3490
 IRS—FEIN (800) 829-4933

Unemployment Insurance (502) 564-2272

Workers' Compensation (502) 564-5550

For assistance with other questions about starting a business in Kentucky, including special licensing and permitting requirements, business structure registration, employer responsibilities, and business development resources, call the Business Information Clearinghouse at 1-800-626-2250 or visit the Kentucky Business One Stop website at <http://onestop.ky.gov>.



The Kentucky Department of Revenue does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, sexual orientation, gender identity, veteran status, genetic information or ancestry in employment or the provision of services.

SEP 08 2020

DESIGN

20-Appcal-000



LOUISVILLE METRO REVENUE COMMISSION
P.O. Box 35410 • Louisville, Kentucky 40232-5410
Telephone: (502) 574-4860 • Fax: (502) 574-4818
www.metrorevenue.org • TDD: (502) 574-4811 • taxhelp@metrorevenue.org

REGISTRATION APPLICATION FOR TAX ACCOUNT NUMBER

* According to an opinion of the Kentucky Attorney General (OAG 85-1), and pursuant to Kentucky "Open Records Law", responses entered for Lines 1, 2, 7, and 9 are to be provided to anyone upon request. *

Everyone subject to the Louisville Metro Occupational License Tax must complete and submit this application to the Louisville Metro Revenue Commission to be assigned a tax account number.

PLEASE TYPE OR PRINT CLEARLY.

1. Full legal name (first, middle, and last) of the individual, corporation, partnership, or other business entity applying for this number:
Humpich Trucking Company Limited Liability Company

2. Trade name of business (if different than name entered on Line 1):

3. Check your "federal" business entity type:

☐ **Sole Proprietor/Individual** – Will submit Schedules C, D, E, or F of Federal Form 1040; or Federal Form W-2; or Federal Form 1099-MISC

☐ **Partnership** – Will submit Federal Form 1065 and its Schedule K
Attach name, home addresses, and SSN of all partners

☐ **Corporation** – Will submit Federal Form 1120

Attach name, home addresses, and SSN of corporate officer(s)

☒ **S-Corporation** – Will submit Federal Form 1120S and its Schedule K
Attach name, home addresses, and SSN of corporate officer(s)

4. Check if your business operates as an:

☐ **Association** - Attach IRS authorization

☐ **Non-Profit Organization** - Attach IRS authorization

☐ **Professional Employer Organization**

5. If you are an Individual/Sole Proprietor, enter your Social Security Number: _____ - _____ - _____

6. If you are a Partnership, Corporation, S-Corporation, or Sole Proprietor with employees, enter your Federal Tax ID Number. _____

7. Describe the type of work you are doing or the business activity you are conducting: Trucking

8. Mailing address for tax forms and correspondence

Street Address:
7614 Buena Vista Court

City, State, Zip Code (Provide all 9 digits, if known):
Louisville, KY 40219

Email Address: _____

Day Phone: (502) 608-0048

Fax Number: () () ()

9. Your **primary business address**

Street Address - (Do not enter a P.O. Box):
Same

City, State, Zip Code (Provide all 9 digits, if known): _____

Email Address: _____

Day Phone: () () ()

Fax Number: () () ()

Check here ☐ if you want tax forms sent to the address entered in Question 8. Tax forms can be found on our website, www.metrorevenue.org.

10. Your **Louisville Metro, Kentucky, business address**

Street Address - (Do not enter a P.O. Box):
Same

City, State, and Zip Code (Provide all 9 digits, if known): _____

Day Phone: () () ()

Fax Number: () () ()

11. Your **home address (Individual/Sole Proprietor accounts only)**

Street Address - (Do not enter a P.O. Box):
Same

City, State, and Zip Code (Provide all 9 digits, if known): _____

Day Phone: () () ()

Fax Number: () () ()

12. Provide the current tax year end, if not December. (Must be the same as "federal")

13. Date business started, or will start, within Louisville Metro, KY.

04 22 2014

14. Date income was earned for work performed within Louisville Metro, KY, with no local tax withheld.

15. Has your business activity stopped within Louisville Metro, KY? ☐ If yes, enter stop date.

16. First date you paid or anticipate paying employee(s) for work in Louisville Metro, KY. (Do not include "contract labor")

17(a.) If you obtained the business from a previous owner or your business entity type changed, enter date of acquisition/change.

17(b.) If a business acquisition or a change in organization/business entity type occurred, provide the following:

Name of Previous Owner or Organization _____

Former Trade Name (if any) _____

Account Number _____

Applicant's Signature _____

Title: _____

Date: _____

Applicant's Name (print) _____

—OFFICE USE ONLY—
Account Number Assigned

20-App-01-0007