



CITY OF MUNFORDVILLE

P.O. Box 85, 111 Main Street
Munfordville, KY 42765
Phone: 270-524-5701 Fax: 270-524-3021
Email: citymfvl@scrtc.com

APPLICATION FOR OCCUPATIONAL LICENSE TAX

Every business or individual subject to the Occupational License Fee and Payroll Tax is required to complete this application and return it to the City Clerk at the above address. The following information is necessary to assign an account number for collection of the Payroll Tax.

According to an opinion (OAG 85-1) of Kentucky's Attorney General, the responses which you make to questions 1, 2A (principal business location) and 5 below are to be provided to anyone, upon request, pursuant to the Kentucky "Open Records Law". ANSWER ALL APPLICABLE QUESTIONS.

DATE: _____

1. APPLICANT: _____

2. BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

3. BUSINESS IS: Individual Partnership Corporation Other
(If Partnership, corporation or other, please describe and list principals on other sheet.)

4. ACCOUNTING PERIOD: Calendar Year Fiscal year (ending ___/___)

5. NATURE OF BUSINESS: _____

6. FEDERAL TAX ID# _____

7. DATE OPERATIONS STARTED IN MUNFORDVILLE: _____

8. DO YOU HAVE EMPLOYEES WORKING IN THE CITY OF MUNFORDVILLE? Yes No

9. NUMBER OF EMPLOYEES: _____ ESTIMATED QUARTERLY PAYROLL: _____

10. DO YOU USE A PAYROLL PREPARATION SERVICE? Yes No

Provide address below if you wish returns to be sent to payroll service.

I hereby certify that all information and statements herein are true and correct.

Signature

Office Use Only

Account Number: _____ Date Assigned: _____