



OCCUPATIONAL LICENSE TAX WITHHOLDING APPLICATION

Return to: City of Calvert City, Tax Administrator, PO Box 36, Calvert City, KY 42029
Phone: 270-395-7138 Fax: 270-395-5554

This form is to be filled out and submitted to the above address by all businesses having employees within the city limits of Calvert City, Kentucky and shall be used as a basis for issuance of a withholding account identification number.

1. Business Name: _____ Fed ID #: _____

2. Business Address: _____
_____ Phone No. _____ Fax _____

3. E-Mail Address: _____

4. Mail Address, if different from above: _____
_____ Phone No. _____ Fax _____

5. Type of ownership: () Individual; () Partnership; () Corporation; () Non Profit; () Other _____

6. If individual, list name, address, and social security number of owner _____
_____ Soc. Sec. No. _____

7. If partnership, list name, address, and social security number of each partner
_____ Soc. Sec. No. _____
_____ Soc. Sec. No. _____

8. Nature of business: _____

9. Do you have, or will you have, employees working in Calvert City? () Yes () No

10. Date that business first paid, or will pay, wages to employees in Calvert City: _____

11. Name of previous owner of this business, if any: _____

12. Date you assumed ownership: _____

13. Accounting period: () Calendar year – Dec. 31, or () Fiscal year ended _____ / _____
Month Day

14. Other Information: _____

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

_____/_____/_____
Signature Title Date

FOR OFFICE USE ONLY

Identification No. _____

Date account established: _____ Identification # reassigned from: _____

Date account closed: _____ Identification # assigned to: _____

Date reassigned: _____