

McCracken County Tax Administrator

PO Box 2658, Paducah KY 42002-2658

Phone: (270) 444-4722 Fax: (270) 444-4737

Website: <https://mccrackencountyky.gov/tax-administrator>

REGISTRATION APPLICATION FOR BUSINESS LICENSE

1. Legal name of individual, corporation, or partnership: _____

2. Trade name or DBA (if different from line 1) _____

3. Mailing address for **tax forms** and correspondence

4. McCracken County **Street Address:**

Street Address:	Street Address: (Do not enter a P.O. Box)
City, State, Zip Code	City, State, Zip Code
Email Address	Email Address
Phone	Phone

Check your federal business entity type:

Sole Proprietor/Individual

Will submit Schedule C or E of Federal Form 1040

Corporation:

Will Submit Federal Form 1120

Partnership:

Will submit Federal Form 1065 and its Schedule K

S-Corp:

Will submit Federal Form 1120S and its Schedule K

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

6. If you are a Partnership, Corporation, or S-Corp, enter your Federal Tax ID Number: _____ - _____

7. Accounting Period per Federal Return: Calendar Year **or** Fiscal Year End Date: _____

8. Do you have W2 Employees working In McCracken County? Yes No

If yes, when is the first quarter you will report payroll? _____

9. Do you have 1099 employees working in McCracken County? Yes No

10. Do you lease the property where the business is located? Yes No

If yes, what is the name of the real estate owner? _____

11. Description of business activity: _____ Start date in McCracken County _____

I agree and affirm that the above referenced business is fully in compliance and satisfaction of and will remain in full compliance and satisfaction of all obligations and duties as prescribed under McCracken County Ordinances, as well as all State and Federal laws which regulate or restrict the use and enjoyment of the business' premises and/or operation.

Print applicant name and title:

Applicant Signature:

_____ Date: _____