

# MCCRACKEN COUNTY TAX ADMINISTRATOR

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mccrackencountyky.gov

## APPLICATION FOR MCCRACKEN COUNTY OCCUPATIONAL TAX ACCOUNT

Since every business must register and be assigned an account number, please complete the questionnaire below and return it to this office. Non-profit organizations will not be required to file the Netprofit License Fee Return provided a copy of an Internal Revenue Service (IRS) letter of exemption is submitted to support the non-profit status.

- =====
1. Business or Trade Name \_\_\_\_\_
  2. Local Business Address \_\_\_\_\_  
(No P.O. Boxes) \_\_\_\_\_
  3. Forms Mailing Address \_\_\_\_\_  
(If different from #2) \_\_\_\_\_
  4. Business Telephone No. \_\_\_\_\_ Fax \_\_\_\_\_ Cell # \_\_\_\_\_  
Ownership: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ C Corp. \_\_\_\_\_ S Corp \_\_\_\_\_ Non Profit \_\_\_\_\_
  5. Owners/Partners Names \_\_\_\_\_  
Corp. Officers & Titles \_\_\_\_\_
  6. Owner Soc. Sec. Number \_\_\_\_\_ - \_\_\_\_\_ Federal \_\_\_\_\_ - \_\_\_\_\_
  7. Nature of Business \_\_\_\_\_
  8. Date Business Started \_\_\_\_/\_\_\_\_/\_\_\_\_  
(In McCracken County)
  9. Number of Employees \_\_\_\_\_  
Contract Labor (List names and address on back or separate sheet)
  10. IRS Accounting period:  
\_\_\_\_\_ Calendar Year Ends 12/31 \_\_\_\_\_ Fiscal Year Ends \_\_\_\_/\_\_\_\_
  11. List any other business entities in McCracken County

**Copy of photo ID of individual working in County required.**

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