

**MARSHALL COUNTY OCCUPATIONAL LICENSE TAX  
FOR GENERAL OUTLAY PURPOSES  
WITHHOLDING and NET PROFITS APPLICATION**

**COLLECTOR: MARSHALL COUNTY OCCUPATIONAL LICENSE TAX ADMIN.**

P.O. BOX 114                                      PHONE                      (270) 527-4725  
1101 MAIN STREET                              FAX                              (270) 527-3194  
BENTON, KY 42025                              EMAIL                      Erica.West@marshallcountyky.gov

INSTRUCTIONS: This form is to be filled out and submitted to the above address by all entities conducting business within Marshall County, Kentucky, and shall be used as a basis for issuance of an account identification number.

1. BUSINESS NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_
2. BUSINESS ADDRESS: \_\_\_\_\_
3. ADDRESS FOR QTRLY TAX RETURNS: \_\_\_\_\_
4. ADDRESS FOR ANNUAL TAX RETURNS: \_\_\_\_\_
5. PHONE: a) \_\_\_\_\_ b) \_\_\_\_\_
6. FAX: a) \_\_\_\_\_ b) \_\_\_\_\_
7. EMAIL: a) \_\_\_\_\_ b) \_\_\_\_\_
8. TYPE OF OWNERSHIP/(TAX FORM ): \_\_\_ INDIVIDUAL/SOLE PROP. (Sched C Form 1040);  
\_\_\_ PARTNERSHIP (Form 1065); \_\_\_ C CORPORATION (Form 1120) ; \_\_\_ S CORP (Form 1120S);  
\_\_\_ Tax Exempt 501(c)(3); OTHER: \_\_\_\_\_
9. IF INDIVIDUAL/PARTNERSHIP LIST NAME & ADDRESS OF OWNER/PARTNERS:  
a. \_\_\_\_\_ SSN: \_\_\_\_\_  
b. \_\_\_\_\_ SSN: \_\_\_\_\_  
c. \_\_\_\_\_ SSN: \_\_\_\_\_
10. DATE BUSINESS FIRST PAID WAGES TO EMPLOYEES IN MARSHALL CO. \_\_\_\_\_
11. FEDERAL ID: \_\_\_\_\_ STATE ID: \_\_\_\_\_
12. DATE TAXABLE YEAR ENDS: \_\_\_\_\_
13. NATURE OF BUSINESS: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title: Owner, Partner, President, etc.

\_\_\_\_\_  
Date

**DO NOT WRITE IN THIS SPACE**

Acct# \_\_\_\_\_

Date Opened: \_\_\_\_\_ or Reassigned \_\_\_\_\_ From # \_\_\_\_\_

Date Account Closed: \_\_\_\_\_ Reason: \_\_\_\_\_