

**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

BENTON, KY 42025

EMAIL

occtax@marshallcountky.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: _____
14. NUMBER OF PAID EMPLOYEES (DO NOT INCLUDE CONTRACTED EMPLOYEES) _____

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: _____