

**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@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 / BEGAN OPERATIONS 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) \_\_\_\_\_
15. DO YOU HAVE CONTRACT 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: \_\_\_\_\_