

**MARSHALL COUNTY OCCUPATIONAL LICENSE TAX
FOR GENERAL OUTLAY PURPOSES**

WITHHOLDING APPLICATION

COLLECTOR: MARSHALL COUNTY OCCUPATIONAL LICENSE TAX ADMIN.

P.O. BOX 114

1101 MAIN STREET

BENTON, KY 42025

PHONE

FAX

EMAIL

(270) 527-4725

(270) 527-3194

emily.martin@ky.gov

INSTRUCTIONS: This form is to be filled out and submitted to the above address by all businesses having employees within Marshall County, Kentucky, and shall be used as a basis for issuance of a withholding 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: ___ INDIVIDUAL; ___ PARTNERSHIP; ___ CORPORATION; ___ LLC;
___ OTHER: _____ **Check box if NOT subject to federal income tax
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. BUSINESS IS LOCATED IN MARSHALL CO. DISTRICT: # 1 # 2 #3

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

Acc# _____

Date Opened: _____ or Reassigned _____ From # _____

Date Account Closed: _____ Reason: _____