



CITY OF CALVERT CITY OCCUPATIONAL LICENSE TAX WITHHOLDING APPLICATION

Collector:
City of Calvert City
Tax Administrator
P.O. Box 36
Calvert City, KY 42029

This form is to be filled out and submitted to the above address by all businesses having employees within the city limits of Calvert City, Kentucky and shall be used as a basis for issuance of a withholding account identification number.

Business Name: _____ Business Address: _____

Federal Employer's Identification Number: _____

Mailing Address if different from above: _____

Contact Person: _____ Phone: (____) _____ Fax: (____) _____

Email: _____

If individual, list name and address of owner: _____

Social Security Number: _____

If partnership, list names and address of partners:

_____ Social Security Number: _____

_____ Social Security Number: _____

_____ Social Security Number: _____

Date Taxable Year Ends: _____

Other information: _____

DO NOT WRITE IN THIS SPACE

IDENTIFICATION NUMBER: _____

DATE ACCOUNT OPENED: _____ OR REASSIGNED: _____

DATE ACCOUNT CLOSED: _____ NOTES: _____
