

Lincoln County Occupational Tax Services

102 East Main St • Stanford, KY 40484 Telephone:
(606) 365-4520 • Fax: (606) 365-4520
www.lincolnyk.com

REGISTRATION APPLICATION FOR TAX ACCOUNT NUMBER

* According to an opinion of the Kentucky Attorney General (OAG 85-1), and pursuant to Kentucky "Open Records Law", responses entered for Lines 1, 2, 7, and 9 are to be provided to anyone upon request. *

Everyone subject to the Lincoln County Occupational License Tax must complete and submit this application to the Lincoln County Occupational Tax Services Office to be assigned a tax account number.

PLEASE TYPE OR PRINT CLEARLY.

1. Full legal name (first, middle, and last) of the individual, corporation, partnership, or other business entity applying for this number:
2. Trade name of business (if different than name entered on Line 1):
3. Check your "federal" business entity type:

<input type="checkbox"/> Sole Proprietor/Individual – Will submit Schedules C, D, E, or F of Federal Form 1040; or Federal Form W-2; or Federal Form 1099-MISC	<input type="checkbox"/> Corporation – Will submit Federal Form 1120 <u>Attach</u> name, home addresses, and SSN of corporate officer(s)
<input type="checkbox"/> Partnership – Will submit Federal Form 1065 and its Schedule K <u>Attach</u> name, home addresses, and SSN of all partners	<input type="checkbox"/> S-Corporation – Will submit Federal Form 1120S and its Schedule K <u>Attach</u> name, home addresses, and SSN of corporate officer(s)
4. Check if your business operates as an:

<input type="checkbox"/> Association - <u>Attach</u> IRS authorization	<input type="checkbox"/> Non-Profit Organization - <u>Attach</u> IRS authorization	<input type="checkbox"/> Professional Employer Organization
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5. If you are an Individual/Sole Proprietor, enter your Social Security Number: _____ - _____ - _____.
6. If you are a Partnership, Corporation, S-Corporation, or Sole Proprietor with employees, enter your Federal Tax ID Number. _____ - _____.
7. Describe the **business name** : _____
8. Mailing address for **tax forms** and **correspondence**

Street Address: _____	Street Address (Do not enter a P.O. Box): _____		
City, State, Zip Code (Provide all 9 digits, if known): _____	City, State, Zip Code (Provide all 9 digits, if known): _____		
Email Address: _____	Email Address: _____		
Day Phone: ()	Fax Number: ()	Day Phone: ()	Fax Number: ()
9. Your **primary business address**

Street Address (Do not enter a P.O. Box): _____	Street Address (Do not enter a P.O. Box): _____		
City, State, and Zip Code (Provide all 9 digits, if known): _____	City, State, and Zip Code (Provide all 9 digits, if known): _____		
Day Phone: ()	Fax Number: ()	Day Phone: ()	Fax Number: ()

Check here if you want tax forms sent to the address entered in Question 8. Tax forms can be found on our website, www.lincolnyk.com.

10. Your Lincoln County, Kentucky, business address

Street Address (Do not enter a P.O. Box): _____	Street Address (Do not enter a P.O. Box): _____		
City, State, and Zip Code (Provide all 9 digits, if known): _____	City, State, and Zip Code (Provide all 9 digits, if known): _____		
Day Phone: ()	Fax Number: ()	Day Phone: ()	Fax Number: ()

11. Your home address (Individual/Sole Proprietor accounts only)

Street Address (Do not enter a P.O. Box): _____	Street Address (Do not enter a P.O. Box): _____		
City, State, and Zip Code (Provide all 9 digits, if known): _____	City, State, and Zip Code (Provide all 9 digits, if known): _____		
Day Phone: ()	Fax Number: ()	Day Phone: ()	Fax Number: ()

12. Provide the current tax year end, if not December. (Must be the same as "federal") _____

13. Date business started, or will start, within Lincoln County, KY. _____

14. Date income was earned for work performed within Lincoln County, KY, with no local tax withheld. _____

15. Has your business activity stopped within Lincoln County, KY? Yes No If yes, enter stop date. _____

16. First date you paid or anticipate paying employee(s) for work in Lincoln County, KY. (Do not include "contract labor") _____

17(a.) If you obtained the business from a previous owner or your business entity type changed, enter date of acquisition/change. _____

17(b.) If a business acquisition or a change in organization/business entity type occurred, provide the following:

Name of Previous Owner or Organization _____ Former Trade Name (if any) _____ Account Number _____

.....**Via:** _____ **Date:** _____

Applicant's Signature _____

Applicant's Name (print) _____

--OFFICE USE ONLY--	
Account Number Assigned	