

Lincoln County Occupational Tax Services

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

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

Corporation – Will submit Federal Form 1120 **Attach** name, home addresses, and SSN of corporate officer(s)

Partnership – Will submit Federal Form 1065 and its Schedule K **Attach** name, home addresses, and SSN of all partners

S-Corporation – Will submit Federal Form 1120S and its Schedule K **Attach** name, home addresses, and SSN of corporate officer(s)

4. Check if your business operates as an:

Association - Attach IRS authorization

Non-Profit Organization - Attach IRS authorization

Professional Employer Organization

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 nature of your business: _____

8. Mailing address for **tax forms** and **correspondence**

9. Your **primary business address**

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: ()

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

10. Your **Lincoln County, Kentucky, business address**

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.

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

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

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

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

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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

.....
Applicant's Signature

Print

Date: _____

Applicant's Name (print)

---OFFICE USE ONLY---

Account Number Assigned