

**CITY OF ST. MATTHEWS
APPLICATION/QUESTIONNAIRE
EMPLOYEE OCCUPATIONAL TAX**

ACCOUNT NUMBER & DATE OF ISSUE	
(For Office Use Only)	

TO BE COMPLETED IN ORDER TO ESTABLISH AN ACCOUNT FOR REPORTING EMPLOYEE WITHHOLDING TAX

EVERY BUSINESS OR INDIVIDUAL SUBJECT TO THIS TAX IS REQUIRED TO COMPLETE THIS FORM AND RETURN IT TO THE CITY OF ST. MATTHEWS. ACCORDING TO AN OPINION (0AG85-1) OF THE KENTUCKY ATTORNEY-GENERAL, THE RESPONSES THAT YOU MAKE TO QUESTIONS 1,2,3A (PRINCIPAL BUSINESS LOCATION) AND 5 BELOW ARE TO BE PROVIDED TO ANYONE, UPON REQUEST, PURSUANT TO THE KENTUCKY "OPEN RECORDS LAW". PLEASE ANSWER ALL OF THE APPLICABLE QUESTIONS BELOW:

1) **NAME**

<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	PARTNERSHIP (LIST NAME & ADDRESS OF EACH PARTNER ON LINE 8)
<input type="checkbox"/>	CORPORATION (DATE ORGANIZED) _____ STATE _____		
<input type="checkbox"/>	OTHER (SPECIFY) _____		

2) **TRADE NAME** (if different from above) _____

3) **ADDRESSES** (Please complete for all applicable addresses. Indicate zip code & telephone number.)

A. PRINCIPAL BUSINESS LOCATION: _____
TELEPHONE: _____

B. LOCATION IN ST. MATTHEWS (if different from above) : _____
TELEPHONE: _____

C. RESIDENCE (if individual proprietorship, or self-employed person) : _____
TELEPHONE: _____

D. MAILING ADDRESS: _____
TELEPHONE: _____

E. IF CORPORATION, NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS IN KY: _____
TELEPHONE: _____

4) **FEDERAL TAX IDENTIFICATION NUMBER:** _____

A. IF INDIVIDUAL, PROVIDE SOCIAL SECURITY NUMBER: _____

5) **NATURE OF BUSINESS** (Please describe your business and its operation, including where and how sales, services, or other activities that take place. Any other pertinent information.) _____

6) **APPOXIMATE NUMBER OF EMPLOYEES WORKING IN ST. MATTHEWS:**

FULL TIME: _____ PART-TIME: _____ SEASONAL: _____ CONTRACT OR LEASED: _____
CONTACT INFORMATION FOR PAYROLL PROCESSING: _____

7) **IF BUSINESS WAS OBTAINED FROM A PREVIOUS OWNER, OR CHANGE IN THE TYPE OF ORGANIZATION:**

A. GIVE DATE OF ACQUISITION OR CHANGE: _____

B. GIVE NAME OF PREVIOUS OWNER OR ORGANIZATION: _____

C. GIVE FORMER TRADE NAME, IF ANY: _____

8) **OTHER INFORMATION** (use back if necessary) : _____

9) **I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS ARE HEREIN TRUE AND CORRECT.**

DATE: _____ SIGNATURE: _____

TITLE: _____ PRINTED NAME: _____