

**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) APPROXIMATE 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: \_\_\_\_\_

<p>SMA/Q/ REV. 10/2013</p>	<p><b>RETURN TO THE ATTENTION OF BUSINESS LICENSE/OCCUPATIONAL TAX</b> P.O. BOX 7097 ST. MATTHEWS, KENTUCKY 40257-0097 OFFICE HOURS: 7:30 AM - 4:00 PM MONDAY - THURSDAY &amp; 7:30 AM - 11:30 AM FRIDAY TELEPHONE: 502-899-2515 FAX: 502-895-0510</p>
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