

CITY OF CALVERT CITY  
OCCUPATIONAL LICENSE TAX WITHHOLDING APPLICATION

Return to: City of Calvert City, Tax Administrator, PO Box 36, Calvert City, KY 42029  
Phone: 270-395-7138 Fax: 270-395-5554

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.

1. Business Name: \_\_\_\_\_ Fed ID #: \_\_\_\_\_

2. Business Address: \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_ Fax \_\_\_\_\_

3. E-Mail Address: \_\_\_\_\_

4. Mail Address, if different from above: \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_ Fax \_\_\_\_\_

5. Type of ownership: ( ) Individual; ( ) Partnership; ( ) Corporation; ( ) Non Profit; ( ) Other \_\_\_\_\_

6. If individual, list name, address, and social security number of owner \_\_\_\_\_  
\_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

7. If partnership, list name, address, and social security number of each partner  
\_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
\_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

8. Nature of business: \_\_\_\_\_

9. Do you have, or will you have, employees working in Calvert City? ( ) Yes ( ) No

10. Date that business first paid, or will pay, wages to employees in Calvert City: \_\_\_\_\_

11. Name of previous owner of this business, if any: \_\_\_\_\_

12. Date you assumed ownership: \_\_\_\_\_

13. Accounting period: ( ) Calendar year – Dec. 31, or ( ) Fiscal year ended \_\_\_\_\_ / \_\_\_\_\_  
Month Day

14. Other Information: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all information and statements herein are true and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Title Date

**FOR OFFICE USE ONLY**

Identification No. \_\_\_\_\_

Date account established: \_\_\_\_\_ Identification # reassigned from: \_\_\_\_\_

Date account closed: \_\_\_\_\_ Identification # assigned to: \_\_\_\_\_

Date reassigned: \_\_\_\_\_