

CITY OF CAMPBELLSVILLE, TAYLOR COUNTY, KY
203 N. COURT ST., SUITE 10
CAMPBELLSVILLE, KY 42718
OFFICE (270) 465-9760 FAX (270) 465-0380
occtax@taylorcounty.us

THE CITY OF CAMPBELLSVILLE, TAYLOR COUNTY, KY COMPLIES WITH THE REQUIREMENTS OF KRS 92.281, 67.750B TO 67.790 AND SECTION 181 OF THE KY CONSTITUTION. WHEREBY EVERY PERSON OR BUSINESS ENGAGED IN ANY TRADE, OCCUPATION, OR PROFESSION, OR OTHER ACTIVITY OR ANYONE REQUIRED TO FILE A RETURN UNDER THIS ORDINANCE WITHIN THE CITY OF CAMPBELLSVILLE, TAYLOR COUNTY, KY SHALL BE REQUIRED TO COMPLETE AND EXECUTE THIS QUESTIONNAIRE PRESCRIBED BY THE OCCUPATIONAL TAX OFFICE. EACH PERSON SHALL BE REQUIRED TO COMPLETE A SEPARATE QUESTIONNAIRE FOR EACH SEPARATE BUSINESS.

BUSINESS ACTIVITY INCLUDES BUT NOT LIMITED TO SCHEDULE F's FARMING ACTIVITY, RENTAL OR LEASING OF PERSONAL PROPERTY, **INCLUDES** FARM LAND/EQUIPMENT RENTAL, REAL ESTATE, **INCLUDES ALL** RESIDENTIAL, INDUSTRIAL/COMMERCIAL REAL ESTATE, PERSONS, ASSOCIATIONS, PARTNERSHIPS, CORPORATIONS, JOINT VENTURES, OR ANY ENTITY FILING A FEDERAL SCHEDULE E, SOLE PROPRIETORS FILING A FEDERAL FORM SCHEDULE C, OR ANY PERSON PRACTICING A BUSINESS, PROFESSION, TRADE OR OCCUPATION WITHIN THE CITY OF CAMPBELLSVILLE, TAYLOR COUNTY, KY.

QUESTIONNAIRE

Non-profit organizations will not be required to file the Netprofit License Fee Return provided a copy of an Internal Revenue Service (IRS) letter of exemption is submitted to support the non-profit status. Wages and salaries earned while working for a non-profit organization are not exempt from the occupational license fee and must be forwarded on a quarterly basis.

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1. Business or Trade Name _____
 2. Local Business Address _____
(No P.O. Boxes)

 3. Forms Mailing Address _____
(If different from #2)

 4. Business Telephone No. _____ Fax No. _____
Ownership: Sole Proprietorship Partnership C Corp S Corp Non-Profit
Other _____
 5. Email Address _____
 6. Owners/Partners Names _____
Corp Officers & Titles _____

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7. Owner Soc. Sec. Number _____ Federal TIN _____

8. Nature Of Business _____

9. Date Business Started (In Taylor County) _____

10. Number of Employees _____

11. IRS Accounting Period: Calendar Year Ends 12/31/ Fiscal Year Ends _____

12. List any other business entities in Taylor County

13. Federal Employees or Individuals complete below INCLUDES US POST OFFICE, CORP, SSA, ETC.

Name _____ SSN _____

City, State, & Zip _____

Business Phone _____ Home Phone _____

Business & Address of Employee: _____

14. **ATTENTION CONTRACTORS:** You must provide a list of sub-contractors, including addresses:

15. **ATTENTION PARTNERSHIPS:** You must provide a list of Partners, including addresses, use a separate sheet of paper if necessary:

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

Please Print Name: _____

SIGNATURE _____ DATE _____

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