



LOUISVILLE METRO REVENUE COMMISSION

REGISTRATION APPLICATION FOR TAX ACCOUNT NUMBER

Everyone subject to the Louisville Metro Occupational License Tax is required to complete this application and return it to the Louisville Metro Revenue Commission. **Please type or print clearly.**

Check the account type applicable to your business: (Check here if an LLP or LLC and check appropriate box for individual, partnership, or corporation.)

Individual
(With earned income from which occupational taxes were not withheld)

Corporation
(Attach list of corporate officers' names, home addresses, and social security numbers.)

Partnership
(Attach list of general partners' names, home addresses, and social security numbers.)

S-Corporation

*** According to an opinion of the Kentucky Attorney General (OAG 85-1), the responses which you make to questions 1, 2, 3, and 7 below are to be provided to anyone upon request, pursuant to the Kentucky "Open Records Law." ***

1. Enter the complete legal name of the Individual, Partnership, or Corporation applying for this number.

2. Enter trade name, if any. _____

3. Describe the type of work you are doing or the business activity you are conducting. _____

4. If this is an individual account, enter your Social Security Number. _____ - _____ - _____

5. For corporations, partnerships, or individuals with employees, enter your Federal Tax ID Number. _____ - _____

6. Enter an address where **tax forms and correspondence** should be mailed

7. Enter your **primary business address**

Street Address:		Street Address - (Do not enter a P.O. Box):	
City, State, Zip Code (provide 9 digits if available):		City, State, Zip Code (provide 9 digits if available):	
Email Address:		Email Address:	
Day Phone: ()	Fax Number: ()	Day Phone: ()	Fax Number: ()

Check here if you need tax forms mailed to the address provided in Question 6.

8. Enter your **Louisville Metro, Kentucky, business address**

9. Enter a **home address * Individual 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 9 digits, if available):		City, State, and Zip Code (Provide 9 digits, if available):	
Day Phone: ()	Fax Number: ()	Day Phone: ()	Fax Number: ()

10. Provide the current tax year end if not December. _____ (Month only) **Note:** Must be the same as federal

11. Please check if your business is known as an **Association** or a **Non-Profit Organization**. (Provide copy of IRS authorization.)

12. When did you or will you first **earn income** from which the proper amount of local tax was not withheld within Louisville Metro, KY? _____ Month _____ Day _____ Year

13. When did you or will you **start operating a business** within Louisville Metro, KY? _____ Month _____ Day _____ Year

14. Date you anticipate first paying employee(s) for work performed in Louisville Metro, KY. (**Do not include contract labor.**) _____ Month _____ Day _____ Year

15. If activity has stopped prior to completion of this form, insert date activity stopped. _____ Month _____ Day _____ Year

16. If business obtained from previous owner or change in type of organization has occurred, please enter:

(a.) Date of acquisition or change: _____

(b.) Name of previous owner or organization: _____

(c.) Former trade name, if any: _____

Signature of Applicant Title: _____ Date: _____

Print Applicant's Name

MAILING ADDRESS: P.O. BOX 35410 • LOUISVILLE, KENTUCKY 40232-5410

Telephone: (502) 574-4860 • www.metrorevenue.org • Fax: (502) 574-4818 • taxhelp@metrorevenue.org • TDD: (502) 574-4811

---OFFICE USE ONLY---
Account Number Assigned