



LOUISVILLE METRO REVENUE COMMISSION

P.O. Box 32060 • Louisville, Kentucky 40232-2060

Telephone: (502) 574-4860

www.metrorevenue.org

REGISTRATION APPLICATION FOR TAX ACCOUNT NUMBER

\* According to an opinion of the Kentucky Attorney General (OAG 85-1), and pursuant to Kentucky "Open Records Law", responses entered for Lines 1, 2, 7, and 9 are to be provided to anyone upon request. \*

Everyone subject to the Louisville Metro Occupational License Tax must complete and submit this application to the Louisville Metro Revenue Commission to be assigned a tax account number.

PLEASE TYPE OR PRINT CLEARLY.

1. Full legal name (first, middle, and last) of the individual, corporation, partnership, or other business entity applying for this number:

2. Trade name of business (if different than name entered on Line 1):

3. Check your "federal" business entity type:

[ ] Sole Proprietor/Individual - Will submit Schedules C, D, E, or F of Federal Form 1040; or Federal Form W-2; or Federal Form 1099-MISC

[ ] Corporation - Will submit Federal Form 1120 Attach name, home addresses, and SSN of corporate officer(s)

[ ] Partnership - Will submit Federal Form 1065 and its Schedule K Attach name, home addresses, and SSN of all partners

[ ] S-Corporation - Will submit Federal Form 1120S and its Schedule K Attach name, home addresses, and SSN of corporate officer(s)

4. Check if your business operates as an:

[ ] Association - Attach IRS authorization

[ ] Non-Profit Organization - Attach IRS authorization

[ ] Professional Employer Organization

5. If you are an Individual/Sole Proprietor, enter your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

6. If you are a Partnership, Corporation, S-Corporation, or Sole Proprietor with employees, enter your Federal Tax ID Number. \_\_\_\_ - \_\_\_\_\_.

7. Describe the type of work you are doing or the business activity you are conducting: \_\_\_\_\_

8. Mailing address for tax forms and correspondence

9. Your primary business address

Table with 2 columns: Mailing address for tax forms and correspondence, and Your primary business address. Rows include Street Address, City, State, Zip Code, Email Address, Day Phone, and Fax Number.

Check here [ ] if you want tax forms sent to the address entered in Question 8. Tax forms can be found on our website, www.metrorevenue.org.

10. Your Louisville Metro, Kentucky, business address

11. Your home address (Individual/Sole Proprietor accounts only)

Table with 2 columns: Louisville Metro, Kentucky, business address and home address. Rows include Street Address, City, State, and Zip Code, Day Phone, and Fax Number.

12. Provide the current tax year end, if not December. (Must be the same as "federal")

13. Date business started, or will start, within Louisville Metro, KY.

14. Date income was earned for work performed within Louisville Metro, KY, with no local tax withheld.

15. Has your business activity stopped within Louisville Metro, KY? [ ] If yes, enter stop date.

16. First date you paid or anticipate paying employee(s) for work in Louisville Metro, KY. (Do not include "contract labor")

17(a.) If you obtained the business from a previous owner or your business entity type changed, enter date of acquisition/change.

17(b.) If a business acquisition or a change in organization/business entity type occurred, provide the following:

Name of Previous Owner or Organization Former Trade Name (if any) Account Number

Applicant's Signature Title: Date:

Applicant's Name (print)

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