

CITY OF ST. MATTHEWS
APPLICATION/QUESTIONNAIRE

TO BE COMPLETED IN ORDER TO ESTABLISH AN ACCOUNT FOR REPORTING
EMPLOYEE WITHHOLDING TAX

P. O. BOX 7097, ST. MATTHEWS, KENTUCKY 40257-0097
OFFICE HOURS 8:30 A.M.-5:00 P.M. MONDAY THRU THURSDAY &
8:30 A.M. - 12:30 P.M. ON FRIDAYS
TELEPHONE 502/899-2514 or 895-9444
FAX 502/895-0510

ACCOUNT NUMBER/DATE

(For Office Use Only)

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 (OAG 85-1) OF THE KENTUCKY ATTORNEY-GENERAL, THE RESPONSES WHICH 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." ANSWER ALL APPLICABLE QUESTIONS.

1) NAME: _____

- INDIVIDUAL PARTNERSHIP (LIST NAME & ADDRESS OF EACH PARTNER ON LINE 8)
 CORPORATION (DATE ORGANIZED) ___/___/___ STATE ___ OTHER

2) TRADE NAME: _____
(IF DIFFERENT FROM ABOVE)

3) ADDRESSES (PLEASE COMPLETE ALL ADDRESSES APPLICABLE - INDICATE ZIP CODE AND TELEPHONE NUMBER.)

A. PRINCIPAL BUSINESS LOCATION: _____

TEL. NO. _____

B. LOCATION IN ST. MATTHEWS (IF DIFFERENT FROM ABOVE): _____

TEL. NO. _____

C. RESIDENCE (IF INDIVIDUAL PROPRIETORSHIP, OR SELF-EMPLOYED PERSON): _____

TEL. NO. _____

D. MAILING ADDRESS: _____

TEL. NO. _____

E. IF CORPORATION, NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS IN KY. : _____

TEL. NO. _____

4) FEDERAL TAX IDENTIFICATION NUMBER _____

A. IF INDIVIDUAL, GIVE SOCIAL SECURITY NUMBER _____

5) NATURE OF BUSINESS (PLEASE DESCRIBE YOUR BUSINESS AND ITS OPERATION, INCLUDING WHERE AND HOW SALES, SERVICES, OR OTHER ACTIVITIES TAKE PLACE. INCLUDE ANY OTHER PERTINENT INFORMATION). _____

6) APPROXIMATE NUMBER OF EMPLOYEES WORKING IN ST. MATTHEWS: FULL-TIME _____ PART-TIME _____ SEASONAL _____

A. DO YOU HAVE ANY CONTRACT OR LEASED EMPLOYEES WORKING IN ST. MATTHEWS: YES NO

NAME AND ADDRESS OF AGENCY USED : _____

7) IF BUSINESS WAS OBTAINED FROM A PREVIOUS OWNER, OR A 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 HEREIN ARE TRUE AND CORRECT.

DATE _____ SIGNATURE _____ TITLE _____

PRINT NAME _____

