

Occupational Tax Administrator

Montgomery County Fiscal Court

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APPLICATION FOR PAYROLL TAX/NET PROFITS LICENSE FEE ACCOUNT

1. **Name of Business** _____
(or Self-Employed Independent Contractor)
2. **Montgomery County Location** (No Post Office Box Please)

3. **Business Mailing Address** (if different from Business Address)

4. **Business Telephone Number(s)**
Office _____ Fax _____
Cell _____ Other _____
E-mail _____
5. **Owner Name & Address** _____

6. **Nature of Business** _____

7. **Date Operation/Delivery Started in Montgomery County** _____
8. **Employees Working in Montgomery County:** ___ Yes ___ No
9. **Employees Working on Commission:** ___ Yes ___ No
10. **Calendar year** ___ **or Fiscal year** ___, if Fiscal year, **FYE** _____

**EMPLOYERS ARE REQUIRED TO WITHHOLD 2% OF EMPLOYEES
TOTAL PRE-TAXED GROSS WAGES FOR QUARTERLY PAYROLL TAX.**

**EMPLOYERS AND ALL SELF-EMPLOYED PERSONS ARE REQUIRED
TO PAY 2% ANNUAL NET PROFITS TAX.**