

JACKSON CO TAX ADMINISTRATOR

P.O. BOX 514
MCKEE KY 40447
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QUESTIONNAIRE FOR JACKSON COUNTY LICENSE FEE ACCOUNT

Since every business must register and be assigned an account number, please complete the questionnaire below and return it to this office.

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.

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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 _____ E-Mail _____

Ownership: Sole Proprietorship Partnership
 C Corp. S Corp Non Profit
 6. Owners/Partners Names _____

Corp. Officers & Titles _____
 7. Owner Soc. Sec. Number - - Federal TIN -
 8. Nature of Business _____
 9. Date Business Started / /
(In Jackson County)
 10. Number of Employees
Contract Labor (List names and address on back or separate sheet)
 11. IRS Accounting period:
 Calendar Year Ends 12/31 Fiscal Year Ends /
 12. List any other business entities in Jackson County _____

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.

SIGNATURE _____

TITLE _____ DATE _____