

QUESTIONNAIRE

To be completed in order to establish an account for reporting Occupational License Fees for Hancock County, Kentucky.
Collecting Agent: *Stacy Bozarth*, Hancock County Administrator, P.O. Box 416, Hawesville, Kentucky 42348.

Office Hours
Mon., Tues., Wed. & Fri. 8:00a.m. – 4:00p.m.
Thurs. 8:00a.m. – 5:30p.m.

Telephone #270-927-8788
Fax #270-927-0999

Every Business or individual subject to the Hancock County Occupational Tax is required to complete this questionnaire and return it to the County Administrator.

The following information is necessary for our records and will be held in strict confidence – Answer all applicable questions.

1. Your company name and address

- Zip code _____ phone # _____ fax # _____
- A. Principal Business Location _____
Phone # _____
- B. Residence (If individual proprietorship or self employed person) _____
Phone# _____
- C. Mailing Address (If different from above) _____

2. Representative of Company and Address: _____

3. Owner's Name _____

4. Type of Business _____

5. Accounting Period: (A) Calendar Year – December 31, or (B) Fiscal Year Ended Month _____ /Day _____

6. Federal Tax Identification # _____ If individual, give Social Security # _____
(Your Fed. ID # or SS # will be your account number)

7. **Date Operation in Hancock County Started:** Month _____ /Day _____ /Year _____

8. Do you have any employees? Yes _____ No _____ If yes, did any of your employees perform work, or provide goods or services in Hancock County? Yes _____ No _____ If yes, provide the names, addresses and rate of pay, whether salary or wage, paid to all employees for the work, goods or services done in Hancock County. (Attach an additional sheet with information)

9. Did your company provide work, goods or services in Hancock County pursuant to a contract with some other entity located in or carrying on a business activity in Hancock County? Yes _____ No _____ If yes, provide the name and address of that business entity. _____

10. Provide the address of the location of your performance of work or providing of services and goods in Hancock County. _____

11. Name, address and telephone number of individual in charge of company records: _____

I hereby certify that all information and statements herein are true and correct.

Signature _____ Title _____

Print Signature _____ Date _____

MUST BE RETURNED WITHIN 10 DAYS