CITY OF BEATTYVILLE

PO BOX 307

BEATTYVILLE, KY 41311-0307

606-464-5007

FAX: 606-464-2123

EMPLOYER OCCUPATIONAL TAX INFORMATION FORM

NAME:			
MAILING ADDRESS:			
LOCATION OF BUSINESS	S IF OTHER THAN MAI		
CONTACT PERSON OR E			
TELEPHONE NUMBER:_			
FEDERAL I.D. NUMBER (OR SOCIAL SECURITY I	NUMBER:	
CORPORATION:	PARTNERSHIP:	INDIVIDUAL:	OTHER:
NATURE OF BUSINESS C	R PROFESSION:		
NUMER OF EMPLOYEES	:	SELF-EMPL	.OYED
DATE:		DIJEINEGO	MANAG
		BUSINESS I	
		ALITHORIZ	ED SIGNATURE

Date:	
Acknowledgement of Receipt	
l,	, Employed by,
	, Name of Company
	, Address
	, City, St, Zip Code
	, Telephone #
	, E-mail
do hereby acknowledge that I have received notification concerning Occupational Tax for the City of Beattyville. This tax is levied for all performed within the city limits of Beattyville, KY.	_
Please completed all required forms and return with payment to tl	ne address below.
City of Beattyville PO Box 307 Beattyville, KY 41311	

If you have any questions or require further information, please contact Sally Gilbert – City Clerk at 606-464-5007. Thank you for your cooperation in this matter.