



**LOUISVILLE METRO REVENUE COMMISSION**  
**P.O. Box 35410 • Louisville, Kentucky 40232-5410**  
**Telephone: (502) 574-4860 • Fax: (502) 574-4818**  
**www.metrorevenue.org • TDD: (502) 574-4811 • taxhelp@metrorevenue.org**

**REGISTRATION APPLICATION FOR TAX ACCOUNT NUMBER**

\* According to an opinion of the Kentucky Attorney General (OAG 85-1), and pursuant to Kentucky "Open Records Law", responses entered for Lines 1, 2, 7, and 9 are to be provided to anyone upon request. \*

Everyone subject to the Louisville Metro Occupational License Tax must complete and submit this application to the Louisville Metro Revenue Commission to be assigned a tax account number.

**PLEASE TYPE OR PRINT CLEARLY.**

1. Full legal name (first, middle, and last) of the individual, corporation, partnership, or other business entity applying for this number:

\_\_\_\_\_

2. Trade name of business (if different than name entered on Line 1):

\_\_\_\_\_

3. Check your "federal" business entity type:

**Sole Proprietor/Individual** – Will submit Schedules C, D, E, or F of Federal Form 1040; or Federal Form W-2; or Federal Form 1099-MISC

**Corporation** – Will submit Federal Form 1120 **Attach** name, home addresses, and SSN of corporate officer(s)

**Partnership** – Will submit Federal Form 1065 and its Schedule K **Attach** name, home addresses, and SSN of all partners

**S-Corporation** – Will submit Federal Form 1120S and its Schedule K **Attach** name, home addresses, and SSN of corporate officer(s)

4. Check if your business operates as an:

**Association - Attach** IRS authorization     **Non-Profit Organization - Attach** IRS authorization     **Professional Employer Organization**

5. If you are an Individual/Sole Proprietor, enter your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

6. If you are a Partnership, Corporation, S-Corporation, or Sole Proprietor with employees, enter your Federal Tax ID Number. \_\_\_\_ - \_\_\_\_\_.

7. Describe the nature of your business: \_\_\_\_\_

8. Mailing address for **tax forms** and **correspondence**

9. Your **primary business address**

Street Address:		Street Address - (Do not enter a P.O. Box):	
City, State, Zip Code (Provide all 9 digits, if known):		City, State, Zip Code (Provide all 9 digits, if known):	
Email Address:		Email Address:	
Day Phone: ( )	Fax Number: ( )	Day Phone: ( )	Fax Number: ( )

Check here  if you want tax forms sent to the address entered in Question 8. Tax forms can be found on our website, [www.metrorevenue.org](http://www.metrorevenue.org).

10. Your **Louisville Metro, Kentucky, business address**

11. Your **home address (Individual/Sole Proprietor accounts only)**

Street Address - (Do not enter a P.O. Box):		Street Address - (Do not enter a P.O. Box):	
City, State, and Zip Code (Provide all 9 digits, if known):		City, State, and Zip Code (Provide all 9 digits, if known):	
Day Phone: ( )	Fax Number: ( )	Day Phone: ( )	Fax Number: ( )

12. Provide the current tax year end, if not December. (Must be the same as "federal")

13. Date business started, or will start, within Louisville Metro, KY.

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14. Date income was earned for work performed within Louisville Metro, KY, with no local tax withheld.

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15. Has your business activity stopped within Louisville Metro, KY?  If yes, enter stop date.

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16. First date you paid or anticipate paying employee(s) for work in Louisville Metro, KY. (Do not include "contract labor")

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17(a.) If you obtained the business from a previous owner or your business entity type changed, enter date of acquisition/change.

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17(b.) If a business acquisition or a change in organization/business entity type occurred, provide the following:

_____	_____	_____
Name of Previous Owner or Organization	Former Trade Name (if any)	Account Number

Applicant's Signature \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant's Name (print) \_\_\_\_\_

---OFFICE USE ONLY---
<b>Account Number Assigned</b>