

What is the purpose of this form?

The purpose of the Occupational License Tax Division is to collect for the City of Scottsville and the County of Allen as required by ordinance, which includes Payroll Tax (1%) and Net Profits Tax (1%).

Who needs to register?

Every person or business who renders services to another for compensation. Includes any of the following: Individual, Partnership, Corporation, S Corporation, Farm, Fiduciary, Religious/Non-Profit, and Proprietorship endeavors.

What if an employee or employer does not live in Allen County?

The license fee is imposed on compensation earned for work performed within Allen County, not location of residence.

Why must an employer withhold the fee?

Every employer (whether for profit or not for profit) who pays wages, salaries, commissions, tips, or other taxable compensation to an employee for work performed within Scottsville or Allen County is required to withhold and remit to Occupational Tax Office.

Net Profits

Net Profit fees are collected from the net profits of all business ventures in Allen County at a rate of 1%. Businesses, both public and private, farms and farming operations, lessors of any rental property (all residential and commercial) and independent contractors are all examples.

The Net Profit fees are collected annually and based on Federal Tax Returns and due by April 15th or 105 days after Fiscal Year end. No company that pays a franchise tax to the county shall be required to pay a license fee on net profits.

OCCUPATIONAL TAX OFFICE

Please make all checks payable to Allen County Treasurer.

Aylee Lovett
Phone: 270-237-3631
Fax: 270-237-9155

Office Location:
201 West Main
Scottsville, KY 42164

Office Hours
Monday - Friday
8:00-4:30

Mailing Address:
Post Office Box 115
Scottsville, KY 42164



OCCUPATIONAL LICENSE REGISTRATION FORM

Be it ordered and ordained by the Fiscal Court of Allen County, Kentucky, pursuant to the Kentucky Constitution Section 181 and KRS 67.083(2). Definition: The phrase "License Fee" shall mean a tax imposed for the privilege of exercising the right to engage in trade, occupation, or profession or commissioned labor or compensation pay by others or the right to engage in business for one's profit or gain within Allen County, Kentucky boundaries at the rate of or equal to one (1) percent of gross, less expenses. No fee charge for license.

ANSWER ALL APPLICABLE QUESTIONS, SIGN AND RETURN.

Business Name:

DBA:

Business Type:

Individual Partnership Corporation S Corporation Fiduciary Farm
 Religious/Non-Profit Proprietorship Other: _____

Owner Name(s):

Physical Address:

Mailing Address:

Website:

Contact Name:

Email:

Phone:

Fax:

Nature of business: (Please describe your business and its operation, including where and how sales, services, or other activities take place. Include site where working if here on particular contract.) _____

Operation in Allen County started ___ / ___ / ___.

Do you have or will you have employees working in Allen County? ___ Yes ___ No

A. Number of employees _____ B. Estimated Quarterly Payroll \$ _____

Accounting Period ___ Calendar Year - Dec. 31, or ___ Fiscal Year Ended ___ / ___ / ___

Business Federal Identification #:

Business Owner(s) Social Security Number(s):

If business was obtained from a previous owner:

A. Date of Acquisition ___ / ___ / ___ B. Name of Previous Owner: _____

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

Date:

Signature:

Print Name: