



# Hardin County Government

P.O. Box 568, Elizabethtown, Kentucky 42702

## INDUSTRIAL TAX DISTRICT QUESTIONNAIRE

NAME OF APPLICANT \_\_\_\_\_

BUSINESS NAME (If Different) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

DATE OPERATIONS BEGAN IN HARDIN COUNTY

INDUSTRIAL TAX DISTRICT \_\_\_\_/\_\_\_\_/\_\_\_\_

If you rent or lease your business location in the Industrial Tax District - Landlords name & address \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

(i.e. Manufacturing, Postal, Restaurant, Type of Service, Type of Store, Real Estate, etc.)

PHYSICAL LOCATION \_\_\_\_\_

FEDERAL TAX ID # OR

CLOSING MONTH OF

SOCIAL SECURITY # \_\_\_\_\_

ACCOUNTING YEAR \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE SUBMIT FORM W-9

TYPE OF BUSINESS: C CORPORATION  S CORPORATION  PARTNERSHIP  INDIVIDUAL  FIDUCIARY/TRUST  OTHER

DESCRIPTION \_\_\_\_\_

DO YOU HAVE EMPLOYEES

YES  NO

(IF YES YOU MUST SUBMIT COPIES OF FORM W-2 WITH ANNUAL RECONCILIATION)

DO YOU HAVE SUBCONTRACTORS

\*YES  NO

(IF YES YOU MUST SUBMIT COPIES OF FORM 1099 WITH ANNUAL RECONCILIATION)

**\*\*IF YES, ATTACH A SHEET WITH SUFFICIENT INFORMATION IN WHICH TO CONTACT SUBCONTRACTORS\*\***

\*\*\*COMPLETE THE FOLLOWING SECTIONS IF INFORMATION IS DIFFERENT FROM ABOVE\*\*\*

### \*\*\*WITHHOLDING INFORMATION\*\*\*

CONTACT PERSON(S) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ FAX NUMBER \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### \*\*\*NET PROFIT INFORMATION\*\*\*

BUSINESS NAME \_\_\_\_\_

FEDERAL TAX # \_\_\_\_\_

CONTACT PERSON(S) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ FAX NUMBER \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

UNDER PENALTIES OF PERJURY, I DECLARE I HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. THE \$100.00 ANNUAL LICENSE FEE MUST BE SUBMITTED WITH APPLICATION. MAKE CHECK(S) PAYABLE TO THE HARDIN COUNTY TREASURER.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICIAL USE ONLY: ACCOUNT # \_\_\_\_\_ CHECK # \_\_\_\_\_