

LAUREL COUNTY OCCUPATIONAL TAX OFFICE

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FEDERAL EMPLOYEE REGISTRATION FORM

ANSWER ALL QUESTIONS

SOCIAL SECURITY NUMBER: _____

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

DATE BEGAN WORK IN LAUREL COUNTY: _____

TELEPHONE NUMBER (INCLUDE AREA CODE): _(_____) _____

EMPLOYER: _____

FORM REQUEST (CHOOSE ONE):

_____ ANNUALLY

_____ QUARTERLY

_____ MONTHLY

FEDERAL EMPLOYEES ARE REQUIRED TO FILE ANNUALLY, BUT MAY CHOOSE TO PAY ON A MORE FREQUENT BASIS. YOU MAY PAY AT ANY TIME DURING THE TAX YEAR WITHOUT PENALTY OR INTEREST BEING ASSESSED, INCLUDING ESTIMATING, AS LONG AS YOU PAY THE FULL AMOUNT BY FEBRUARY 28TH OF THE YEAR FOLLOWING.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEVE IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE: _____

DATE: _____