

OCCUPATIONAL TAX WITHHOLDING APPLICATION

Business Name: _____

Contact Person: _____

Federal ID: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Number of Employees

Subject to Tax: _____

Fax completed form to (606) 886-0563

Each quarter the tax form will be mailed. The tax rate is 1.5% of wages paid for work in the city limits of Prestonsburg. For any further information please contact (606) 886-2335.