



PO Box 247, Munfordville, KY 42765
taxadm@hartky.org
(270) 524-3507 (270) 524-9732 FAX

QUESTIONNAIRE

Every business or individual conducting an activity (i.e. farming, sales, rental, etc.), subject to the Occupational License Fee is required to complete this questionnaire and return it to the Administrator at P.O. Box 247, Munfordville, KY 42765.

The following information is **necessary** and will be held in **strict confidence**. Please answer **all** applicable questions.

BUSINESS/TRADE NAME: _____ d/b/a _____

OWNER'S NAME: _____ Phone Number _____

- INDIVIDUAL
- CORPORATION (DATE ORGANIZED ___/___/___ STATE ___)
- PARTNERSHIP (LIST NAME AND ADDRESS OF EACH PARTNER ON BACK)
- OTHER

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

EMAIL: _____

NATURE OF BUSINESS: (EX: Farm, Rental, Restaurant (Please describe your business and its operation, including where and how sales, services or other activities take place. Include any of the pertinent information.) _____

IF YOU ARE A PAYROLL SERVICE, PLEASE PROVIDE WHICH COMPANY YOU WILL BE REPORTING _____

ACCOUNTING PERIOD Calendar Year – December 31 Fiscal Year Ended ___/___

SOCIAL SECURITY NUMBER _____ **FEDERAL ID#** _____

DATE OPERATIONS IN HART COUNTY STARTED _____

DO YOU HAVE OR WILL HAVE INCOME FROM AN OCCUPATION OR BUSINESS ACTIVITY IN HART COUNTY? YES / NO

DO YOU HAVE OR WILL HAVE EMPLOYEES WORKING IN HART COUNTY? YES _____ NO _____

DO YOU HAVE SUB-CONTRACTORS HIRE TO WORK IN HART COUNTY? YES _____ NO _____

If YES, attach sheet with sufficient information in which to contact them.

WILL YOU BE RENT TEMPORARY LODGING TO TRAVELERS? YES _____ NO _____

ARE YOU A FEDERAL EMPLOYEE (Postal Worker, Etc.)? YES _____ NO _____

ARE YOU SELF EMPLOYED? YES _____ NO _____

DO YOU RENT OR LEASE YOUR BUSINESS LOCATION IN HART COUNTY? YES _____ NO _____

If rent/lease, from whom: _____

Landlord's Address: _____

IF BUSINESS WAS OBTAINED FROM A PREVIOUS OWNER OR A CHANGE IN THE TYPE OF ORGANIZATION:

Give date of Acquisition or Change: _____

Give Name of Previous Owner or Organization: _____

Give Former Trade Name, if any _____

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

Signature: _____ **Date:** _____

HART COUNTY ACCOUNT # _____



HART COUNTY
OCCUPATIONAL LICENSE FEE

Anthony L Wilson Jr, Administrator

P.O. Box 247, Munfordville, KY 42765

(270) 524-3507 (270) 524-9732 FAX

Email: taxadm@hartky.org

To Whom It May Concern:

Enclosed is a mandatory questionnaire that you are requested to complete and return to the Hart County Occupational Tax Administrator within two weeks. *If you have an account with this office already, please provide your Hart County Account Number.*

The Hart County Fiscal Court levied an Occupational Tax Ordinance on March 29, 1994. The Tax became effective May 1, 1994 and covers earnings after that date. A copy of the ordinance can be obtained at the Occupational Tax Administrator's office during regular business hours, or online at <https://hartcounty.ky.gov/Departments/Pages/ol.aspx>.

Under provisions of the ordinance each employer who employs one or more persons within Hart County must withhold the tax at the rate of .8% (.008) of *GROSS* wages, salaries, commissions, or other compensation paid each subject employee, and transmit such withholding to the Occupational Tax Administrator at the end of each calendar quarter.

All individuals engaged in any occupation (including side hustles, gig work, work from home, etc) within Hart County will pay the tax on the *NET PROFIT* of such business at a rate of .8% with a maximum of \$10,000 in any business year.

A person engaged in agricultural business (raising crops and livestock) that employs less than five (5) employees on a regular basis (four hundred fifty hours per quarter), may file a return and pay the withholding tax at the end of the taxable year.

It shall be the duty of every person engaged in any trade, occupation or profession within Hart County who employs or engages the services of others in connection therewith, to withhold from the compensation of such employees, the license fees herein provided, at the time such compensation is paid or credited. The failure or omission by the employer to withhold said license fee shall not relieve the employee from the payment of such license fee.

Any information gained by the Administrator or any other official or agent or employee of the Court or any other individual as a result of any returns, investigations, hearing or verifications required or authorized by this article shall be *CONFIDENTIAL* and shall not be disclosed except to a sworn employee of the Court or except in accordance with proper judicial order, or as otherwise provided by law.

Sincerely,

Anthony L Wilson Jr
Occupational Tax Administrator

