

CITY OF WILLIAMSTOWN OCCUPATIONAL TAX
QUESTIONNAIRE

400 North Main Street – PO Box 147 Williamstown, KY 41097
Office: 859-824-3633 Fax: 859-823-1276 Email: cfryman@wtownky.org

BUSINESS OR TRADE NAME: _____

LOCAL BUSINESS ADDRESS: (NO P.O. BOX) _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

BUSINESS TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____ NO. OF EMPLOYEES: _____

OWNERS/OFFICERS/PARTNERS: _____

FEDERAL EIN/SS: _____

CONTACT/TITLE: _____

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SIGNATURE

DATE