

City of Union

www.cityofunionky.org

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859-384-1511

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Request to Change Occupational License Account

Name: _____ Account No. _____

DBA: _____ FEIN/SSN: _____

(please advise if incorrect)

Address: _____

City: _____

State, Zip: _____

For Official Use Only
Date Entered: _____
Intitial: _____

1. Physical Location Address Change:

2. Mailing Address Change:

3. Additional Physical Location:

4. Telephone Number Request Change:

5. Name Change:

6. I am still operating this business, but I have no employees as of (date): _____
Completing this form eliminates the requirement for quarterly withholding returns based on the effective date, but it is the responsibility of the company to inform the City of Union if the the company resumes having taxable employees.

7. I will begin paying employees effective (date) _____
Completing this adds the requirement for filing quarterly/annual withholding returns based on the effective date.

8. The business federal year end is changed to _____. You must attach a copy of approval from the
You must attach a copy of approval from the Internal Revenue Service to change a fiscal year end.

9. If you change your Federal ID No. or SSN a new application must be completed.

Printed Name: _____ **Signed:** _____

Official Title: _____ **Date:** _____

E-mail: _____ **Phone No.** _____

I declare, under the penalties of perjury, that I have examined this document and to the best of my knowledge and belief, this is a true and accurate informational statement.