

City of Union

www.cityofunionky.org

1843 Bristow Drive Union, KY 41091

859-384-1511

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Request to Close Occupational License Account Federal Government Employee

Name: _____

Account No: _____

DBA: _____

SSN: _____

Address: _____

City: _____

State, Zip: _____

1. Date employment ceased in the City of Union: _____

*Please be aware as you retire at the end of a tax year and receive any compensation in the following tax year including, but not limited to accrued vacation, sick pay, bonus pay, separation pay, severance pay, or any other remuneration that is reported on a W2 form, that compensation is subject to the City of union occupational tax.

Signature: _____

Date: _____

Printed Name: _____

Phone No: _____

E-Mail: _____

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 return.