



# CITY OF MURRAY

**PRINT**

Mailing Address: City of Murray  
Attn: Occupational Tax  
P.O. Box 1056  
Murray, KY 42071  
Telephone (270) 762-0300 - www.murrayky.gov

**FORM  
OCC 1**

## OCCUPATIONAL LICENSE TAX APPLICATION

**In accordance with City of Murray Ordinance 2017-1743, Chapter 75, any employee performing work and rendering services to an employer or business entity within the City limits shall be assessed a 1% Occupational Tax on gross earnings. Please complete and remit this form as directed.**

If individual taxpayer, see page 2 section 2 for definition of individuals and if applicable, complete sections 2 and 3 and disregard section 1.

If employer with employees earning wages for work performed or services rendered within the limits of the City of Murray, please complete Sections 1 and 3 and disregard Section 2.

### Section 1

Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Operating Name (DBA): \_\_\_\_\_

Owner(s)/CEO: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ On-Site Manager: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Is this address a Residence?  Yes  No

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check Ownership Type:  Sole Proprietor  Partnership  Corporation  LLC  LLP  Federal

Business Identification # (Tax ID#, EIN, or last 6 SSN): \* \_\_\_\_\_ NAIC # \_\_\_\_\_

**\* A separate application is needed for all businesses that operate under the above business identification number.**

If Non-Profit, Tax Exempt # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Accounting Period: Calendar Year \_\_\_\_\_ Fiscal Year \_\_\_\_\_ Please specify beginning of year \_\_\_\_\_

Do you have W2 employees working in Murray? Yes \_\_\_\_\_ No \_\_\_\_\_ Estimated number of W2 employees? \_\_\_\_\_

If yes, under what company name is payroll paid? \_\_\_\_\_

Do you have 1099 non-employees working within the city limits of Murray? Yes \_\_\_\_\_ No \_\_\_\_\_ (If so please attach a copy of 1099's)

Estimated number of 1099 Employees \_\_\_\_\_ If you are a general contractor will you be using subcontractors? Yes \_\_\_ No \_\_\_

If you answered yes, you must provide a list of subcontractors to the City of Murray.

Murray location(s) and phone number if different from above \_\_\_\_\_

Do you lease the property where the business is located? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide Owner's name \_\_\_\_\_ Phone number \_\_\_\_\_

The City of Murray imposes an occupational tax of 1% of all gross earnings paid for work performed and services rendered within the limits of the City of Murray. This applies to every resident and non-resident who works within the limits of the City of Murray. It is the responsibility of each employer to withhold these fees and submit them on the required periodic basis. Employers who fail to withhold or pay the withholding to the City shall be personally liable to the City for any sums withheld or required to be withheld. Please indicate name, address, phone number of the person responsible for calculating withholding and remitting the occupational tax:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**\*\*PLEASE NOTE\*\*** It is the applicant's responsibility to inform the City of Murray of any changes in ownership, addresses, number of employees or termination of business activity. The undersigned (business) agrees to be responsible for all collection costs and attorney's fees in connection with any delinquent account.

**\*\*\*If this is a first time submittal of an Occupational Tax Application, please include a check for a one-time \$25.00 fee\*\*\***

**Section 2  
Individual taxpayer and Federal employee**

This section applies to individual tax payers and federal employees who receive W2 wages for work performed and services rendered within the limits of the City of Murray where the Employer is not required to withhold, report or remit.

Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TaxpayerType:  Sole Individual  Federal Business Identification # (last 6 SSN): \* \_\_\_\_\_

**\*A separate application is needed for all businesses that operate under the above business identification number.**

**Section 3**

*I declare under penalty of perjury that the above application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable federal, state, and city laws and regulations and permit enforcement authority onto business property of such laws and regulations.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Business License #: \_\_\_\_\_ Occupational License Tax #: \_\_\_\_\_ Rec'd by \_\_\_\_\_

Comments: \_\_\_\_\_