



Occupational License Administrator

P.O. Box 397, Taylorsville, Kentucky 40071

Phone: 502-477-2997

Fax: 502-477-2998/3206

REQUEST TO CHANGE ACCOUNT INFORMATION

Name: _____

Business Name: _____

Address: _____

City, State, Zip _____

Spencer County Acct # or FEIN: _____

Physical location address change: _____

Mailing address change: _____

Additional Physical Location _____

Telephone number change: _____

Fax number change: _____

Business name change: _____

I am still operating this business, but have no employees effective: _____

Completing this eliminates the requirement for quarterly withholding returns based on the effective date; but it is the responsibility of the company to notify Spencer County if the company resumes having table employees.

I will begin paying employees effective: _____

Completing this adds the requirement for quarterly/Annual returns based on the effective date

The business federal year end is changed to (include approval from IRS) _____

Printed Name: _____ Signed: _____

Official Title: _____ Date: _____

Email: _____ Phone Number: _____

Please note: If you change your federal ID or SSN#, you must complete a new application

I declare, under 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.

www.spencercountyky.gov