

MERCER COUNTY TAX ADMINISTRATOR

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QUESTIONNAIRE FOR MERCER COUNTY OCCUPATIONAL LICENSE FEE AND NET PROFIT ACCOUNT\*  
(Current fee rate - .45%)

**Business or Trade Name** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Local Business Address or** \_\_\_\_\_

**Local Job Site** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

(if different from above) \_\_\_\_\_

**Owner/Partner** \_\_\_\_\_

**Business Telephone No.** \_\_\_\_\_ Fax \_\_\_\_\_

**Ownership** \_\_\_\_\_Sole Proprietorship \_\_\_\_\_Partnership \_\_\_\_\_LLC  
\_\_\_\_\_Corporation \_\_\_\_\_S Corporation \_\_\_\_\_Non-Profit  
\_\_\_\_\_Individual \_\_\_\_\_Other

**Federal ID# or Social Security #** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Date Business Started** \_\_\_\_\_ No. of Employees\_\_\_\_\_

(in Mercer County) \_\_\_\_\_ Contract Labor \_\_\_\_\_\*\*\*

**IRS Accounting Period** \_\_\_\_\_Calendar Year Ending 12/31

\_\_\_\_\_Fiscal Year Ends \_\_\_\_/\_\_\_\_

**Signature of Preparer** \_\_\_\_\_

Mercer County Occ. Acct. No. \_\_\_\_\_

\*Failure to complete and return this form will not exclude you from your tax liability and may result in penalty and interest charges incurred due to late filing of tax forms and payments

\*\*\*All sub-contractors are required to register with the Mercer County Tax Administrator. Please provide a listing of all sub-contractors including mailing addresses with your questionnaire. Copies of 1099's issued for work performed in Mercer County will be required.