

# **CLAY COUNTY OCCUPATIONAL TAX OFFICE**

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## **FEDERAL EMPLOYEE REGISTRATION FORM**

### **ANSWER ALL QUESTIONS**

SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DATE BEGAN WORK IN CLAY COUNTY: \_\_\_\_\_

TELEPHONE NUMBER (INCLUDE AREA CODE): \_( \_\_\_\_\_ ) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

### **FORM REQUEST (CHOOSE ONE):**

\_\_\_\_\_ ANNUALLY

\_\_\_\_\_ QUARTERLY

\_\_\_\_\_ MONTHLY

FEDERAL EMPLOYEES ARE REQUIRED TO FILE ANNUALLY, BUT MAY CHOOSE TO PAY ON A MORE FREQUENT BASIS. YOU MAY PAY AT ANY TIME DURING THE TAX YEAR WITHOUT PENALTY OR INTEREST BEING ASSESSED, INCLUDING ESTIMATING, AS LONG AS YOU PAY THE FULL AMOUNT BY FEBRUARY 28<sup>TH</sup> OF THE YEAR FOLLOWING.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEVE IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_