

# BOYD COUNTY INDIVIDUAL WITHHOLDING FORM

The following information is necessary for our records and will be held in strict confidence.  
All questions must be answered fully.

1. Applicant's Name: \_\_\_\_\_

2. Applicants' Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

3. Mailing Address where forms are to be sent: \_\_\_\_\_

\_\_\_\_\_

4. Employer's Name: \_\_\_\_\_

5. Employer's Address: \_\_\_\_\_

6. Hire Date: \_\_\_\_\_ Position Held: \_\_\_\_\_

7. How would you like to pay (circle one): annually      quarterly

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

**Make checks payable to: Boyd County Fiscal Court. Payments and documentation can be mailed to: Boyd Fiscal Court, Department of Licensing & Payroll, P.O. Box 423, Catlettsburg, KY 41129. For inquiries or additional information call: 606-739-0164.**