

NELSON COUNTY, KENTUCKY

E-Z REFUND FORM - OCCUPATIONAL LICENSE FEE

NAME	SOCIAL SECURITY # YEAR	
ADDRESS		

PHONE: _____

EMAIL: _____

To be used by employees having more the \$75.00 Occupational Fee withheld for the year.

EMPLOYER'S NAME	EMPLOYER'S ADDRESS	AMOUNT WITHHELD
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_____	_____	
_____	_____	
_____	_____	

TOTAL WITHHELD	_____
LESS MAXIMUM	-75.00
REFUND	_____

Attach copies of all W-2's showing occupational license fee withheld.

I declare this to be a true, correct and complete return for the year ending December 31, _____

Signature Date

Mail refund form to: Nelson County Occupational License
 One Court Square STE 202 PO Box 578
 Bardstown, KY 40004
 Phone (502)348-1895
 Fax (502) 348-1897
 Web Site www.nelsoncountyky.com