



**NELSON COUNTY FISCAL COURT
OCCUPATIONAL LICENSE FEE
E-Z REFUND FORM**



www.nelsoncountky.gov

PO Box 578
Bardstown KY 40004
(502) 348-1895

YEAR:

This form is for employees who have had more than the max \$75 withheld for the Occupational fee in the year and are seeking a refund.

Name:	
Address	
Social Security Number	
Phone Number	
Email Address	

Employers Name	Employers Address	Amount Withheld

Total Withheld	
Less Maximum	-75.00
Refund Amount	

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 _____