



**EMPLOYER'S MONTHLY RETURN**  
 RETURN TO: NELSON COUNTY OCCUPATIONAL LICENSE  
 P.O. BOX 578  
 BARDSTOWN, KY 40004  
 PHONE: 502-348-1895  
 WEBSITE: NELSONCOUNTYKY.GOV  
 EMAIL ADDRESS: OLFCLERK@NELSONCOUNTYKY.GOV



**FORM 501 M**

County of Nelson

1. Total salaries, wages, commissions, and other compensation paid to employees this month	
2. Amount on line 1 subject to Nelson County Fee	
3. Nelson License Fee Payable ( 1/2% of line 2) (line 2 multiplied by .005)	
4. Penalty	
5. Interest	
6. Total Amount Due (sum of lines 3, 4, and 5)	
7. Total Number of Employees subject to Nelson License Fee this month	

**Employer's Name and Address**

Email Address \_\_\_\_\_

Federal ID # \_\_\_\_\_

I declare that this is a true, correct and complete return for the month ending \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions**

**The return period is for a period of one calendar month and is due on or before the 10th day of the following month.**

Employers with 50 or more employees are required to file monthly returns, together with withholdings payments

**Line 1.** Enter the total compensation paid during the month, regardless of where earned

**Line 2.** Enter the amount included in line 1 which represents earnings subject to the Nelson County license fee. The employer must maintain adequate records to substantiate this amount.

**Line 3.** Enter the amount of line 2 times .005

**Line 4.** A penalty of 10% is imposed for License Fees not paid when due

**Line 5.** Interest accrues on unpaid license fees at a rate of 6% per annum from the due date of the return until paid.