



EMPLOYER'S QUARTERLY 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 Q

County of Nelson

1. Total salaries, wages, commissions, and other compensation paid to employees this quarter	
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 three calendar months ended March 31, June 30, September 30, or December 31.

This form is due on or before the last day of the month following the end of the quarter.

Employers with 5 to 49 employees are required to file quarterly returns, together with withholding payments

Line 1. Enter the total compensation paid during the quarter, 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.