



NELSON COUNTY FISCAL COURT

OCCUPATIONAL LICENSE DIVISION

www.nelsoncountky.gov

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



OCCUPATIONAL LICENSE FEE- INFORMATION RETURN

S-Corporation, Partnership, LLC, LLP, or Similar

Information Return Only- Tax Assessed at the Individual Level

C- Corporations and Individuals- not use. Please file Form C-1 or I-1

Principal Business Activity _____

Daytime Phone Number _____

Federal ID Number _____

Check all that apply:

Address Change?

Change in Ownership?

Contract labor paid this year? (attach 1099's)

Employees in Nelson County?

Final return?

REQUIRED: The following information is required of all shareholders partners, members, etc. during the tax year.

Attach additional sheets if necessary

The corporation/partnership is not responsible for any taxes owed by the individual unless it elects to cover such obligations. If the corporation/partnership intends to pay taxes on behalf of the individual, please indicate this intention in the boxes provided below.

Name	Net Income Per K1 (attached)	Total Due (Income x .5%) Max \$75.00	Corporation/Partnership will pay taxes on behalf of the individual	
			YES	NO
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

****If the total due for each filing entity is less than the max of \$75, you MUST include copies of all applicable tax documents filed with the Internal Revenue Service.**

S Corporations: Form 1120S pages 1-5, K-1, 1099-Misc; **Partnerships:** Form 1065 pages 1-5, K-1, 1099-Misc.

I declare, under the penalties of perjury, that I have examined this document and to the best of my knowledge and belief, this is a true and accurate return.

Signature of Corporate Officer

Printed Name

Title

Date

Signature of preparer (if other than taxpayer)

Printed Name