



**NELSON COUNTY FISCAL COURT**

OCCUPATIONAL LICENSE DIVISION

[www.nelsoncountyky.com](http://www.nelsoncountyky.com)

PO Box 578

1 Court Square, Suite 202

Bardstown KY 40004

(502) 348-1862

(502) 348-1897 fax

**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 - do not use. Please file Form C-1 or I-1*

*Business Name and Address*

Check all that apply:

Address Change?

Change in Ownership?

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

Employees in Nelson County?

Final return?


Principal Business Activity \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Federal ID Number \_\_\_\_\_

Tax Year Ending \_\_\_\_\_

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

**Attach additional sheets if necessary:**

<u>Name</u>	<u>Address</u>	<u>K-1 Attached?</u>

**\*\*Each filing entity 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) \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_