County of Nelson

EMPLOYER'S QUARTERLY RETURN

Form 501Q

1. Total Salaries, wages, commissions and other compensation paid 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 quarter.	

EMPLOYER'S NAME AND ADDRESS

FED ID #

I declare that is a true, correct and complete return for the quarter ending _____

Signature _____

Date _____

Nelson Occupational License Administrator
One Court Square STE 202 PO Box 578
Bardstown, KY 40004
502-348-1895 Fax 502-348-1897

INSTRUCTIONS

The return 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 withholdings 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.