

NELSON COUNTY, KENTUCKY

E-Z REFUND FORM - OCCUPATIONAL LICENSE FEE

NAME _____	SOCIAL SECURITY # _____	YEAR _____
ADDRESS _____		

DUE - APRIL 15

To be used by employees having more than \$75.00 Occupational License Fee withheld for the year.

EMPLOYER'S NAME	EMPLOYER'S ADDRESS	AMOUNT WITHHELD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL WITHHELD	_____
	LESS MAXIMUM	-75.00
	REFUND	_____

Attach copies of all W-2's showing occupational license fees withheld.

I declare this to be a true, correct and complete return for the year ending December 31, _____

Signature

Date

**Mail refund form to: Occupational License Fee Administrator
One Court Square STE 202 PO Box 578
Bardstown, KY 40004
Phone (502) 348-1862
Fax (502) 348-1897
Web Site nelsoncountky.com**

Refunds will be mailed within 30 days of properly filed E-Z Refund Form.

