

NELSON COUNTY, KENTUCKY

E-Z REFUND FORM - OCCUPATIONAL LICENSE FEE

NAME	SOCIAL SECURITY #	YEAR
ADDRESS		

To be used by employees having more the \$75.00 Occupational 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 fee withheld.

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

Signature

Date

Mail refund form to: Nelson County Occupational License
One Court Square STE 202 PO Box 578
Bardstown, KY 40004
Phone (502)348-1895
Fax (502) 348-1897
Web Site www.nelsoncountky.com