

City of Bardstown
Occupational License Fee Return
Special Individual Form

Name _____

Address _____

Social Security # _____ Acct # _____

1.*Wages earned from W-2 _____

2. *Deduct wages not earned in the city limits _____

3. Total Earnings subject to the license fee _____

4. Bardstown License Fee (Line 3 x .005), _____

5. Interest of 1% per month if paid after April 15th _____

6. Penalty of 1% per month, not to exceed 10%, if delinquent _____

I hereby certify that the statements made herein and any supporting schedules or exhibits are true, correct, and complete.

Signature of License Fee Payer

Date

**Make check or money order payable to City of Bardstown and mail to
Finance Department, 220 N. Fifth St., Bardstown, KY 40004**

*1. *Compensation* means wages, salaries, commissions, or any other form of remuneration paid or payable by an employer for services performed by an employee, which are required to be reported for federal income tax purposes and adjusted as follows:

(a) Include any amounts contributed by an employee to any retirement, profit sharing, or deferred compensation plan, which are deferred for federal income tax purposes under a salary reduction agreement or similar arrangement, including but not limited to salary reduction arrangements under Section 402(a), 401(k), 402(e), 403(a), 403(b), 408, 414(h), or 457 of the Internal Revenue Code: and

(b) Include any amounts contributed by an employee to any welfare benefit, fringe benefit, or other benefit plan made by salary reduction or other payment method which permits employees to elect to reduce federal taxable compensation under the Internal Revenue Code, including but not limited to Sections 125 and 132 of the Internal Revenue Code.

*2. First \$100,000 earned in Bardstown per employee.