

Hardin County Fiscal Court

PO Box 568 Elizabethtown, KY 42702

Phone: (270) 765-4491 or 982-8488 Fax: (270) 766-1418

Non-Employee Earnings Transmittal for 2022

Name: _____ Account #: _____

dba: _____ FEIN/SSN: _____

(please advise if incorrect)

Address: _____ For Year Ended: **December 31, 2022**

Form Due Date: **February 28, 2023**

City, State, Zip: _____

For Official Use Only
Date Keyed _____
Initial _____

Instructions:

Hadin County, KY Ordinance § 327, series 2021 requires any entity engaged in a trade or business, including non-profit organizations, to disclose for each calendar year non-employee payments of \$600.00 or more made for services performed within the Industrial Tax District. Organizations exempt from receiving 1099's due to their corporate structure should still be included in this report. If a business entity or person is not required to remit Federal Form 1099 to the IRS, including but not limited to payments less than \$600, they are still liable to remit the equivalent information to the county. The payer shall provide to the county, by February 28th of the year following the payment, copies of the 1099's or a list of names, Social Security # and/or FEIN (Federal ID Number), addresses and amounts paid to non employees performing working in the Industrial Tax District.

NOTE: Identify ONLY amounts paid for services performed fully or partially within the Industrial Tax District. Information on payments made for services provided entirely outside the county should NOT be included.

of pages attached _____

Name and Address of Non-Employee or Landlord (Rent Expense)

Social Security or FEIN

Non-Employee Earnings within HC Industrial Tax District and Rent Paid

Name and Address of Non-Employee or Landlord (Rent Expense)	Social Security or FEIN	Non-Employee Earnings within HC Industrial Tax District and Rent Paid
<input type="checkbox"/> Rent <input type="checkbox"/> Services		
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Attach Additional Sheet if Necessary

Signed: _____ Date: _____

Official Title: _____ Telephone Number: _____

Tax Form Prepared By: _____

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.

Please notify in writing any changes of ownership or new address by completing a Request to Change/Close Occupational License Account which can be found on our website at <https://hcky.org/finance-department/occupational-tax-forms/>.

If you have any questions please call 270-765-4491 or 270-982-8488 or email taxcoordinator@hcky.org.