



Boone County Fiscal Court

www.BooneCountyKy.org
2950 Washington Street
PO Box 960
Burlington, KY 41005
(859) 334-2144
(859) 334-3914 fax

Non-Employee Earnings Transmittal for 2014

Name: _____ Account #: _____

dba: _____ FEIN/SSN: _____
(please advise if incorrect)

Address: _____

City, State, Zip: _____ For Year Ended: **December 31, 2014**
Form Due Date: **March 2, 2015**

For Official Use Only	
Date Keyed _____	
Initial _____	

Instructions:

Boone County, KY 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 and/or rent paid within the county. Organizations exempt from receiving 1099's due to their corporate structure should still be included in this report. 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 for Boone County services and rent expense paid for property or equipment.

NOTE: Identify ONLY amounts paid for services performed fully or partially within the county. 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 Boone County Limits and Rent Paid
<input type="checkbox"/> Rent <input type="checkbox"/> Services		
<input type="checkbox"/> Rent <input type="checkbox"/> Services		
<input type="checkbox"/> Rent <input type="checkbox"/> Services		
<input type="checkbox"/> Rent <input type="checkbox"/> Services		
<input type="checkbox"/> Rent <input type="checkbox"/> Services		
<input type="checkbox"/> Rent <input type="checkbox"/> Services		
<input type="checkbox"/> Rent <input type="checkbox"/> Services		
<input type="checkbox"/> Rent <input type="checkbox"/> Services		

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 @ www.BooneCountyKY.org. If you have any questions please call 859-334-2144 or email: OccLicense@BooneCountyKY.org