

CITY OF OWENSBORO/DAVIESS COUNTY FISCAL COURT SUMMARY AND TRANSMITTAL OF NON-EMPLOYEE EARNINGS	<hr style="width: 50%; margin: 0 auto;"/> YEAR	FORM 1099 ST
<input type="checkbox"/> 100% City of Owensboro <input type="checkbox"/> 100% Daviess County	ACCOUNT NUMBER <hr style="width: 50%; margin: 0 auto;"/>	
MAIL TO: OCCUPATIONAL TAX ADMINISTRATOR PO BOX 10008 OWENSBORO, KY 42302-9008		
Phone: (270) 687-5600 Fax: (270) 687-8526		

INSTRUCTIONS:

Licenses making payments of \$600 or more to recipients other than employees, (i.e., non-employee compensation payments) for services performed or rents paid on property located within the City of Owensboro and/or Daviess County are responsible to maintain records of those payments. The licensee making payment will be responsible for completing Form 1099-ST and submitting it to the Occupational Tax Administrator by February 28 of the year following the close of the calendar year in which the non-employee compensation was paid. Businesses that make subject payments, where all monies reported over \$600 were paid to recipients for work performed 100% within the City Limits of Owensboro or 100% within Daviess County, outside the City of Owensboro, may comply with the reporting requirement by checking the appropriate "100%" box on Form 1099-ST (see above), and submitting copies of Federal Form 1099 MISC. (Completion of Columns 1 through 5 of Form 1099-ST not required if the licensee is eligible to submit 1099MISC, unless payment is made to an entity not requiring the completion of a Federal Form 1099 MISC, such as payments to corporations.)

RETURN THIS PAGE WITH NON-EMPLOYEE INFORMATION

Column 1 Name and Address of each Non-Employee receiving compensation	Column 2 Social Security No. or Federal I.D. No. for each Non- Employee	Column 3 Total Compensation Paid to each Non-Employee	Column 4 Non-Employee Compensation from Column 3, for Work Performed within the City of Owensboro	Column 5 Non-Employee Compensation from Column 3, for Work Performed within Daviess County (Outside the City of Owensboro)

Preparer's Signature _____

Preparer's Phone _____

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ATTACH ADDITIONAL SHEET IF NECESSARY