

CITY OF ELKTON, KENTUCKY

STATEMENT AND TRANSMITTAL OF NON-EMPLOYEE COMPENSATION

PLEASE PRINT OR TYPE:

- 1. NAME OF BUSINESS _____
- 2. MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
- 3. PHYSICAL ADDRESS _____
- 4. BUSINESS PHONE: (_____) _____ FAX (_____) _____
- 5. CALENDAR YEAR FOR THIS SUBMITTAL: _____

INSTRUCTIONS: City of Elkton, Kentucky Ordinance requires any entity engaged in a trade or business, including non-profit organizations, to disclose for each calendar year all payments of \$600 or more made to non-employees for services performed within the city. The payer shall provide to the City, by February 28th of the year following the payment, either copies of federal forms 1099 or a list of names, Social Security and/or Federal ID Number, addresses and amounts paid to non-employees for services performed in the city limits of Elkton.

Please attach copies of 1099s OR submit the information requested in the space below. Attach additional sheets if necessary.

Name and Address of Each Non-Employee Receiving Compensation	Social Security No. or Federal ID No. of Each Non-Employee	Total Compensation Paid to Each Non-Employee	Total Compensation Paid to Each Non-Employee for Work Performed within Elkton

Under penalties of perjury, I declare that I am authorized to make this statement and transmittal for the above named business, and that to the best of my knowledge and belief the statements made herein are true, correct and complete.

Signature Title Date

Printed Name Email Address

Mail to: City of Elkton, Kentucky, PO Box 578, Elkton, KY 42220

Contact: Elkton City Hall, 71 Public Square, Elkton, KY 42220, Phone: 270.265.9877, Email: tmiller@elktonky.com

Elkton Occupational License Tax Ordinance and forms are also available at www.elktonky.com.