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| FORM 1099 SF DUE BY FEBRUARY 28 YEAR: 2026 | CITY OF HENDERSON SUMMARY AND TRANSMITTAL OF EMPLOYEE EARNINGS This filing is for City of Henderson <u>ONLY</u> |
| | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> 100% of 1099's issued are in the City of Henderson (Attach copies of 1099; do not complete columns 1-4 below) |
| License #: | |
| Name: | |
| Address: | |
| City, State, & ZIP: | |
| MAIL TO: | <div style="display: flex; justify-content: space-between;"> <div> City of Henderson PO BOX 671 Henderson, KY 42419-0671 </div> <div> Phone: (270) 831-1290 Fax: (270) 827-6054 </div> </div> |

INSTRUCTIONS

Licensees 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 Henderson are responsible to maintain records of those payments. The licensee making payment will be responsible for completing Form 1099 SF 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 are \$600 were paid to recipients for work performed 100% within the City limits of Henderson may comply with the reporting requirement by checking the "100%" box on Form 1099 SF (see above), and submitting copies of Federal Form 1099 MISC and/or 1099 NEC. (Completion of columns 1-4 on Form 1099 SF not required if the licensee is eligible to submit 1099 MISC and/or 1099 NEC, unless payment is made to an entity not requiring the completion of a Federal Form 1099 MISC and/or 1099 NEC, such as payments to corporations.)

RETURN THIS PAGE WITH NON-EMPLOYEE INFORMATION

| COLUMN 1 | COLUMN 2 | COLUMN 3 | Column 4 |
|------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------|
| Name & address of each non-employee receiving compensation | Social Security No. or Federal ID No. for each non-employee | Total compensation paid to each non-employee | Compensation from column #3 for work performed <u>within the City of Henderson</u> |
| | | | |

Preparer's Signature: _____

Preparer's Phone: _____

Attach additional sheets if necessary.