

**CITY OF FRANKFORT
SUMMARY AND TRANSMITTAL OF
NON-EMPLOYEE EARNINGS**

Acct #: Business Name: Address:	YEAR _____	FORM 1099 ST <input type="checkbox"/> Issued no 1099's <input type="checkbox"/> 100 % City of Frankfort
Mail to: City of Frankfort, Director of Finance P O Box 697 Frankfort, KY 40602		
<div style="display: flex; justify-content: space-between;"> Phone: (502) 875-8500 Fax: (502) 875-8502 </div>		

INSTRUCTIONS:

Licenses making payments of \$600 or more to recipients other than employees, (i.e., non-employee compensation payments) for services performed within the City of Frankfort are responsible to maintain record of those payments. The licensee making payment will be responsible for completing Form 1099-ST and submitting it to the City of Frankfort, Director of Finance 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 Frankfort 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.**

RETURN THIS PAGE WITH NON-EMPLOYEE INFORMATION

Column 1 Name & Address of each Non-Employee receiving compensation	Column 2 Social Security # or Federal ID # 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 Frankfort

Signature _____

Date _____