

CARROLL COUNTY OCC. TAX ADMIN.
EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

If no wages were paid this period, mark "NONE" and return this form

<p>1. Salaries, wages, commissions & other compensation paid to all employees YTD \$ _____</p> <p>2. Less \$5000 deduction from gross wages for each employee \$ _____</p> <p>3. Taxable balance (Item 1 minus Item 2) \$ _____</p> <p>4. Tax due in the period at 1.00 %. \$ _____</p> <p>5. Adjust for preceding quarter(s) \$ _____</p>	<p>6. Total after adjustment (Item 4 minus Item 5) \$ _____</p> <p>7. Penalty 10% \$ _____</p> <p>8. Interest 12% \$ _____</p> <p>9. Balance Due \$ _____</p> <p>I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.</p> <p>Signed _____</p> <p>Title _____ Date _____</p>
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Account No.

 FED. ID No.

 Phone No.

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE
APRIL 30, JULY 31, OCTOBER 31, JANUARY 31

Make checks payable and mail to:
CARROLL COUNTY OCC. TAX ADMIN.
 440 MAIN STREET CARROLLTON KY 41008
 Phone: (502) 732-7003

FOR OFFICE USE ONLY

DATE: _____

Ck. No. _____

Amount _____

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.