

CARROLL COUNTY FISCAL COURT

EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

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

1. Salaries, wages, commissions & other compensation paid to all employees \$ _____
2. Tax due in the period 1.5% \$ _____
3. Adjustments \$ _____
4. Total after adjustment (Line 2 minus Line 3) \$ _____

5. Penalty 5% \$ _____
6. Interest 12% \$ _____
7. Balance Due \$ _____

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____
Title _____ Date _____

Account No.

FED. ID No.

Phone No.

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

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 FISCAL COURT

440 MAIN STREET CARROLLTON KY 41008

Phone: (502) 732-7000

FOR OFFICE USE ONLY

DATE:

Ck. No.

Amount