

# McCreary County, Kentucky, Quarterly License Fee Return

I HERBY CERTIFY THAT THE INFORMATION & STATEMENTS CONTAINED HEREIN & ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

**\*\*FOURTH QUARTER INSTRUCTIONS\*\*/ \*IF YOU REQUIRE A RETURN RECEIPT PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE\***

YOU MUST ATTACH A RECONCILIATION STATEMENT WITH NAME, SOCIAL SECURITY #, & GROSS WAGES FOR EACH EMPLOYEE. W-2'S MAY BE USED IN LIEU OF RECONCILIATION.

(Business use only)

**BUSINESS Name** \_\_\_\_\_

**DBA** \_\_\_\_\_

**SIGNED** \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_ DATE \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_ Federal ID # \_\_\_\_\_

**W-2 must be provided. Gross Wages must include Box 5, plus Health Benefits, (usually box 14).**

**INDIVIDUAL TAXPAYERS DUE ANNUALLY; ON OR BEFORE FEBRUARY 28<sup>TH</sup>**

FOR WAGES EARNED FROM THE PRECEDING CALANDER YEAR

I HERBY CERTIFY THAT THE INFORMATION & STATEMENTS CONTAINED HEREIN & ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

**Individual use (only).**

(Please Print Here) \_\_\_\_\_

(Sign Here) \_\_\_\_\_

**(MUST HAVE TO PROCESS PAYMENT ACCURATELY)**

**SS #** (INDIVIDUALS ONLY) \_\_\_\_\_

1. SALARIES, WAGES, COMMISSIONS & \_\_\_\_\_  
OTHER COMPENSATIONS PAID to EMPLOYEES/INDIVIDUAL.

2. LESS WAGES EARNED OUTSIDE \_\_\_\_\_  
MCCREARY COUNTY

3. TAXABLE EARNINGS \_\_\_\_\_  
(LINE 1 MINUS LINE 2)

4. TOTAL TAX (LINE 3 X .01) \_\_\_\_\_

5. ADD (+) DEBIT OR SUBTRACT (-) CREDIT \_\_\_\_\_

6. PENALTY- 5% monthly/25% maximum/\$25.00 minimum \_\_\_\_\_  
(Penalties, based on total tax due, will be added to account)

7. INTEREST = 12% per annum \_\_\_\_\_  
(Interest of 1% monthly will be added until payment is rendered)

8. **Total Due** (Line 4+Line 5) + 6 & 7) \_\_\_\_\_

**EMPLOYEE W/H DUE ON OR BEFORE 30 DAYS FOLLOWING QUARTER ENDING**

QUARTER ENDED MARCH 31<sup>ST</sup>/ due April 30th \_\_\_\_\_

QUARTER ENDED JUNE 30<sup>TH</sup>/ due July 31st \_\_\_\_\_

QUARTER ENDED SEPTEMBER 30<sup>TH</sup>/ due October 31st \_\_\_\_\_

QUARTER ENDED DECEMBER 31<sup>ST</sup>/ due January 31st \_\_\_\_\_

TOTAL REMITTED FOR YEAR \_\_\_\_\_

**Please check any & all changes (including any new owners: name and address)**

\_\_\_ ID # CHANGE \_\_\_\_\_

\_\_\_ NO ACTIVITY \_\_\_\_\_

\_\_\_ FINAL RETURN (INDICATES ALL TAXES HAVE BEEN PAID AND YOU WILL NOT HAVE ANY ACTIVITY IN THE FUTURE)

ADDRESS CHANGE (PLEASE NOTE BELOW) \_\_\_\_\_

**MAKE CHECK PAYABLE TO AND REMIT TO: TAX ADMINISTRATOR, P O BOX 327, WHITLEY CITY, KY 42653**

(FOR INFO CALL 606-376-1322)