



MCCREARY COUNTY TAX ADMINISTRATOR



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 all employees for services in This County \$ _____
- 2. Tax Due at - \$ _____
- 3. Adjustment for preceding quarters (past due balances / underpayments) \$ _____
- 4. Penalty: ea month-25\$ min-25% max \$ _____
- 5. Interest (per annum) - \$ _____
- 6. BALANCE DUE \$ _____

7. Overpayment to be credited to next quarter \$ _____
Individuals must provide a copy of their W-2 for reconciliation purposes. Gross Wages consist of Box 5 & 14. I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____

Official Title _____ Date _____

Account No.: for office use:

Phone Number:



Indicate any name or address change above.

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

Month	Day	Year

FED ID No. _____

Make checks payable and mail to:

**MCCREARY COUNTY
TAX ADMINISTRATOR**

PO BOX 327

WHITLEY CITY KY 42653

Phone: (606) 376-1322

Fax: (606) 376-4319

stephanie@mccrearycounty.com

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

Form OCC-3PT Rev. 3/1/13