

McCreary County, Kentucky, Quarterly/Annual License Fee Return

I HERE BY CERTIFY THAT THE INFORMATION & STATEMENTS CONTAINED HERE IN & ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

****FOURTH QUARTER INSTRUCTION/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 #** _____

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

W-2 must be provided. Gross Wages include Box 5, plus Health Benefits, (box 14 for BOP & DOA, box 38 for USPS).

INDIVIDUAL TAXPAYERS DUE ANNUALLY; ON OR BEFORE FEBRUARY 28TH

FOR WAGES EARNED FROM THE PRECEDING CALANDER YEAR

I HERE BY CERTIFY THAT THE INFORMATION & STATEMENTS CONTAINED HERE IN & ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

(Individuals only)

(Please Print Here) _____

(Sign Here) _____

(MUST HAVE TO PROCESS PAYMENT ACCURATELY)

SS # (INDIVIDUALS ONLY) last 4 digits of SS please **###-##-** _____

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 31ST/ due April 30th _____

QUARTER ENDED JUNE 30TH/ due July 31st _____

QUARTER ENDED SEPTEMBER 30TH/ due October 31st _____

QUARTER ENDED DECEMBER 31ST/ due January 31st _____

TOTAL REMITTED FOR YEAR _____

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

___ ID # CHANGE _____

___ NO ACTIVITY and/or ___ FINAL RETURN (INDICATES ALL TAXES HAVE BEEN PAID AND YOU WILL NOT HAVE ANY ACTIVITY IN THE FUTURE)

___ ADDRESS CHANGE (PLEASE NOTE HERE) _____

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

(FOR INFO CALL 606-376-1322)