

MCCREARY COUNTY TAX ADMINISTRATOR

EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

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

- Salaries, wages, commissions & other compensation paid all employees for services in This County \$ _____
- Tax Due at - 1.5%** \$ _____
- Adjustment for preceding quarters (past due balances / underpayments) \$ _____
- Penalty (per Month) - **5% 25% MAX, \$25 MIN** \$ _____
All late fees calculated from (Including) Month due
- Interest (per annum) - **12% or 1% per Month** \$ _____
- BALANCE DUE \$ _____

7. Overpayment to be credited to next quarter \$ _____

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

Signed _____

Official Title _____ Date _____

Account No.:

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.cc

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

Form OCC-3PT Rev. 3/29/2017

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