



OHIO COUNTY OCCUPATIONAL TAX

EMPLOYER'S RETURN OF EMPLOYEE'S LICENSE FEE WITHHELD OR DUE

For Office Use Only

If "\$0" wages paid this period, enter "\$0" or "NONE" and return the form

Number of Employees working in Ohio Co. _____ Number Taxed _____

1. Salaries, wages, commissions & other compensation paid for services performed in Ohio County.....

2. 1.00% of line 1.... (Line 1 x 1%)..... \$ _____

3. Penalty 5.00% per month of Line 2 (**Max 25% - Min \$25**) \$ _____
 *(\$25 late fee applies even if there was no taxable payroll for the period)

4. Interest 12.00% per annum of Line 2 (1% monthly or fraction thereof)\$ _____

5. Adjustment due to: rounding, credit, etc(+/-)..... \$ _____

6. BALANCE DUE (total of lines 2 thru 5)..... \$ _____

Should this account be made inactive? ___ NO ___ YES, effective date _____
 REASON: _____

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

Signed _____ Date _____
 Title _____ Phone Number _____

PAID BY CHECK # _____

Name _____ **00000**

Contact _____

Address _____

City, State, Zip _____ **KY 00000**

PERIOD ENDING		
Month	Day	Year
12	31	

DUE ON or BEFORE		
Month	Day	Year
01	31	

Make checks payable to and mail to:

**OHIO COUNTY
 OCCUPATIONAL TAX ADMINISTRATOR
 P.O. BOX 185
 HARTFORD KY 42347**

Phone: (270) 298-4410 Fax: (270) 298-4409
lugenias@bellsouth.net
octaxclerk@bellsouth.net

Indicate name or address change above. **FED ID / SS #** _____

*** Return This Form To The Occupational Tax Office ***