



# 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 \$ \_\_\_\_\_
2. Tax Due at **1.25%** of line 1.... (Line 1 x 1.25%)..... \$ \_\_\_\_\_
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 #** \_\_\_\_\_

**00000** Name \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ **KY 00000**

PERIOD ENDING		
Month	Day	Year
<b><u>DUE ON or BEFORE</u></b>		
Month	Day	Year

Make checks payable and mail to:

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 (270) 298-4410 (270) 298-4409  
[octaxadmin@ohiocountyky.gov](mailto:octaxadmin@ohiocountyky.gov)

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

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