



# OHIO COUNTY OCCUPATIONAL TAX

For Office Use Only

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

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 1/12% 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

DUE ON or BEFORE		
Month	Day	Year

**Make checks payable to & 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 \***