



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** % 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 and mail to:

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

Phone: (270) 298-4410 Fax: (270) 298-4409
octaxadmin@ohiocountyky.gov

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

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