

LAUREL COUNTY, KENTUCKY QUARTERLY LICENSE FEE RETURN

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct. Signed _____ Title _____ Date _____ <input type="checkbox"/> No activity (Return form even if there was no activity this quarter.) <input type="checkbox"/> Final return (All taxes have been paid and no future activity is planned.) <input type="checkbox"/> Address change (Please note changes below)	Number of employees working in Laurel County _____ 1. Salaries, wages, commissions & other compensation \$ _____ 2. Less wages earned outside Laurel County \$ _____ 3. Taxable earnings (Line 1 minus Line 2) \$ _____ 4. Total Tax (Line 3 X .01) \$ _____ 5. Add (+) debit or subtract (-) credit \$ _____ 6. Penalty - 5% monthly; 25% max min \$25.00 \$ _____ 7. Interest - 1% monthly or fraction of a month \$ _____ 8. Total due \$ _____
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Account No.	FED ID OR SS NO.						Make checks payable to LCOT and mail to: LAUREL COUNTY OCCUPATIONAL TAX OFFICE PO BOX 650 LONDON KY 40743-0650 (606) 878-9766
FOR QUARTER ENDING							
Month	Day	Year					
DUE ON OR BEFORE							
Month	Day	Year					

***COPY TO BE FILED WITH OCCUPATIONAL TAX OFFICE THERE WILL BE A \$25.00 FEE FOR RETURNED OR NSF CHECKS** Form LCOC-Q Rev. 03/23/04

Detach here

Detach here

Laurel County, Kentucky Reconciliation of License Fee Withheld

During Year Ended <u>01 / 01 / 2001</u> TO BE FILED BY 02 / 28 / YOU MUST FILE THIS RETURN IF YOU PAID LAUREL COUNTY WAGES DURING THE YEAR LISTED ABOVE.	Mail To: LAUREL COUNTY OCCUPATIONAL TAX PO BOX 650 LONDON KY 40743-0650
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Account Number Name and Address (Indicate any change in ownership, name or address) Federal I.D. Number

	COLUMN A Total Wages	COLUMN B Subject Wages	COLUMN C Tax Paid
1st Quarter	\$	\$	\$
2nd Quarter	\$	\$	\$
3rd Quarter	\$	\$	\$
4th Quarter	\$	\$	\$
TOTAL	\$	\$	\$

NUMBER OF EMPLOYEES AND W-2'S ATTACHED _____	1. TOTAL TAX WITHHELD PER W-2'S \$ _____	
	2. UNDERPAYMENT \$ _____	
Minor differences due to fractional variations or rounding only.	3. ADJUSTMENTS \$ _____	
Payment not required if less than \$1.00.	4. BALANCE DUE \$ _____	

NO REFUND OR CREDIT WILL RESULT FROM ENTRIES MADE ON THIS FORM. YOU MUST SUBMIT AN AMENDED RETURN WITH A COPY OF THE ORIGINAL RETURN FOR ANY QUARTER THAT HAS BEEN OVERPAID.

YOU MUST INCLUDE A TOTALED EMPLOYEE LISTING OR COPIES OF W-2'S AND W-3 .
 THE LISTING MUST INCLUDE THE FOLLOWING INFORMATION: EMPLOYEE NAME, ADDRESS AND SOCIAL SECURITY NUMBER, GROSS WAGES, LAUREL WAGES, LAUREL COUNTY OCCUPATIONAL TAX WITHHELD.