

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 _____

___ No activity (Return form even if there was no activity this quarter.)

___ Final return (All taxes have been paid and no future activity is planned.)

___ Address change (Please note changes below)

Account No. _____ Federal I.D. Number _____

- 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 / minimum \$25.00 \$ _____
 7. Interest - 1% monthly or fraction of a month \$ _____
 8. Total due \$ _____

	FOR QUARTER ENDING			Make checks payable and mail to: LAUREL COUNTY OCCUPATIONAL TAX OFFICE PO BOX 650 LONDON KY 40743-0650 (606) 878-9766
	Month	Day	Year	
	DUE ON OR BEFORE			
Month	Day	Year		

***COPY TO BE FILED WITH OCCUPATIONAL TAX OFFICE**

Form LCOC-Q Rev. 03/23/04

Detach here

Detach here

Laurel County, Kentucky Reconciliation of License Fee Withheld

During Year Ended ____/____/____ TO BE FILED BY / / 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

Federal I.D. Number

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

NUMBER OF EMPLOYEES AND/OR W-2'S ATTACHED _____

1. TOTAL TAX WITHHELD PER W-2'S \$ _____

2. BALANCE DUE \$ _____

3. OVERPAYMENT \$ _____

YOU MUST INCLUDE AN EMPLOYEE LISTING OR COPIES OF W-2'S AND W-3 .

EMPLOYEE NAME, ADDRESS AND SOCIAL SECURITY NUMBER	GROSS WAGES	LAUREL WAGES	LICENSE FEE WITHHELD