

ROCKCASTLE COUNTY 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 any changes below)

Account No _____ FED ID OR SS NO. _____

Number of Employees working in this County	_____
1. Salaries, wages, commissions & other compensation	\$ _____
2. Less wage earned outside Rockcastle Co.	\$ _____
3. Taxable Earnings (Line 1 minus Line 2)	\$ _____
4. Total Tax (Line 3 X .015)	\$ _____
5. Add (+) debit or subtract (-) credit	\$ _____
6. Penalty (per month - 5.00% - Min \$25/Max)	\$ _____
7. Interest (per annum) 12.00%	\$ _____
8. Total Due	\$ _____

FOR QUARTER ENDING		
Month	Day	Year
RETURN DUE ON OR BEFORE:		
Month	Day	Year

Make checks payable RCOT and mail to:
ROCKCASTLE COUNTY TAX ADMINISTRATOR
 PO BOX 1810
 MOUNT VERNON KY 40456
 (606) 256-8374
rockocctax@windstream.net

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

RC QTR OCC FORM 1

Detach Here

Detach Here

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*** KEEP THIS COPY FOR YOUR RECORDS ***

RC QTR OCC FORM 1

PLEASE DETACH THE TOP COPY AND RETURN IT TO THE OCCUPATIONAL TAX OFFICE. YOU SHOULD INCLUDE ANY REMITTANCE WITH THE RETURN. THE SECOND COPY IS FOR YOUR RECORDS.

INSTRUCTIONS

LINE 1. COMPENSATION BEFORE ANY DEDUCTIONS. THE OCCUPATIONAL LICENSE FEE IS ASSESSED ON TRUE GROSS. DO NOT DEDUCT FOR DEFERRED COMPENSATION, (401K, 403B, TSP, ETC.) OR SEC 125 PLANS (PRETAX HEALTH BENEFITS ETC.). YOU SHOULD INCLUDE COMPENSATION OF ALL EMPLOYEES OF THE BUSINESS. COMPENSATION IS DEFINED AS "THE GROSS AMOUNT OF ALL SALARIES, WAGES, COMMISSIONS, FEES (INCLUDING DIRECTOR FEES), BONUSES, OR ANY OTHER MONEY PAYMENTS OF ANY KIND, OR OTHER CONSIDERATIONS HAVING MONETARY VALUE..."

LINE 2. COMPENSATION AS DEFINED ON LINE 1 EARNED OUTSIDE ROCKCASTLE COUNTY.

LINE 5. ENTER ANY UNDERPAYMENTS OR CREDITS FROM PRIOR PERIODS. PLEASE EXPLAIN ON BACK OF FORM.

LINE 6. PENALTY OF 5% PER MONTH, MINIMUM OF \$25.00 OR FRACTION OF A MONTH CALCULATED ON THE TOTAL OF LINE 4.

LINE 7. CALCULATED ON THE TOTAL OF LINE 4, LINE 5, AND LINE 6 X 1.5% X NUMBER OF MONTHS OR FRACTION OF A MONTH.

OUR OFFICE IS LOCATED IN THE ROCKCASTLE COUNTY COURTHOUSE ON THE THIRD FLOOR, OR REFER TO THE JUDGES OFFICE ON THE SECOND FLOOR. OUR MAILING ADDRESS IS P.O. BOX 1810 MT VERNON, KY 40456