

**ROCKCASTLE COUNTY TAX ADMINISTRATOR
EMPLOYER'S RETURN OF LICENSE FEE WITHHELD**

*If no wages were paid this period, mark "NONE" and return this form.

1. Number of Taxable Employees _____

2. Total salaries, wages, commissions and other compensation paid to all employees \$ _____

3. Less exempt items (Compensation Paid for services outside Rockcastle County) \$ _____

4. Taxable Balance (Line 2 less Line 3) \$ _____

5. Tax Due at - 1.50% \$ _____

6. Adjustment for preceding quarters (past due balances/underpayments) \$ _____

7. Total after Adjustment (Line 5 +/- Line 6) \$ _____

8. Penalty (per month) - 5.00% \$ _____
(\$25 MINIMUM)

9. Interest (per annum) 12.00% \$ _____

10. Balance Due \$ _____

I hereby certify that the information, schedules, statements and exhibits filed herewith, are true and correct.

Signed _____ Date _____

Official Title _____

Account Number

Indicate any name or address changes above.

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE:

Month	Day	Year

Make checks payable and mail to:
ROCKCASTLE COUNTY
OCCUPATIONAL TAX
PO BOX 1810
MOUNT VERNON KY 40456
Phone (606) 256-8374
Fax (606) 256-7299
rockocctax@windstream.net

Rockcastle County Reconciliation of License Fee Withheld

During Year Ended ____ / ____ / ____

TO BE FILED WITH THE 4th QUARTER'S RETURN BY ____ / ____ / ____
OR WITH THE FINAL QUARTERLY RETURN OF THE CLOSING ____
OF ANY BUSINESS EITHER BY SALE OR DISSOLUTION.

**Please send in a
W-2 Summary or
W-3 Transmittal
and 1099 Forms**

TOTAL NUMBER OF EMPLOYEES FOR THE YEAR _____

ANNUAL RECONCILIATION

(1) Total Wages Paid For The Year	\$		
(2) Total License Fee Withheld For The Year	\$		
	COLUMN A Monthly Payments	COLUMN B Quarterly Payments	COLUMN C Total For Year
January			
February			
March		\$	
April			
May			
June		\$	
July			
August			
September		\$	
October			
November			
December		\$	
(3)	(Line 3 Must Equal Line 2)		\$

Please make a copy for your records.