

**ROCKCASTLE COUNTY TAX ADMINISTRATOR
QUARTERLY LICENSE FEE RETURN**

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

Account Number <input style="width:100%;" type="text"/>	Fed ID or SS Number <input style="width:100%;" type="text"/>	Number of employees working in Rockcastle County _____ 1. Salaries, wages, commissions and other compensation \$ _____ 2. Less wages earned outside Rockcastle County - \$ _____ 3. Taxable Earnings (Line 1 minus Line 2) \$ _____ 4. Total Tax (Line 3 x .015) \$ _____ 5. Add (+) debit or subtract (-) credit \$ _____ 6. Penalty – 5% monthly (max 25%, min \$25) \$ _____ 7. Interest – 1% monthly or fraction thereof \$ _____ 8. Total Due \$ _____												
Licensee (Business Name, Address, and Contact) 		No activity (return form even if there was no activity this quarter) Final return (all taxes have been paid; no future activity planned) Address change (please note changes in Licensee box) I hereby certify that the information, schedules, statements and exhibits filed herewith, are true and correct. Signed _____ Title _____ Date _____												
FOR QUARTER ENDING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">MM</td> <td style="width:33%;">DD</td> <td style="width:33%;">YY</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> DUE ON OR BEFORE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">MM</td> <td style="width:33%;">DD</td> <td style="width:33%;">YY</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		MM	DD	YY				MM	DD	YY				Make checks payable to RCOT and mail to: ROCKCASTLE COUNTY TAX ADMINISTRATOR PO BOX 1810 MOUNT VERNON, KY 40456 Phone Number 606-256-8374 Email rockocctax@windstream.net
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COPY TO BE FILED WITH OCCUPATIONAL TAX OFFICE

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