

**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:90%;" type="text"/>	Fed ID or SS Number <input style="width:90%;" type="text"/>	Number of employees working in Rockcastle County _____												
Licensee 		1. Salaries, wages, commissions and other compensation \$ _____												
		2. Less wages earned outside Rockcastle County \$ _____												
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		Month	Day	Year										
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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		4. Total Tax (Line 3 x .015) \$ _____												
		5. Add (+) debit or subtract (-) credit \$ _____												
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		Title _____ Date _____												

COPY TO BE FILED WITH OCCUPATIONAL TAX OFFICE

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KEEP THIS COPY FOR YOUR RECORDS