

CUMBERLAND COUNTY TAX ADMINISTRATOR EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

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

Account No. _____

- | | |
|---|---|
| <p>1. Salaries, wages, commissions & other compensation paid all employees for services in This County \$ _____</p> <p>2. Tax Due at - 1.75% \$ _____</p> <p>3. Adjustment for preceding quarters (past due balances / underpayments) \$ _____</p> <p>4. Penalty (per annum) - 5.00% \$ _____</p> <p>5. Interest (per annum) - 12.00% \$ _____</p> <p>6. BALANCE DUE \$ _____</p> | <p>7. Overpayment to be credited to next quarter \$ _____</p> |
|---|---|

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

Signed _____

Official Title _____ Date _____

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

Month	Day	Year

Make checks payable
and mail to:

**CUMBERLAND COUNTY TAX
ADMINISTRATOR**
P.O. BOX 826
BURKESVILLE KY 42717

Phone Number
(270) 864-3444

Indicate any name or address change above.

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS. Form HCOC-Q3 Rev. 9/27/02