

MONTGOMERY COUNTY TREASURER EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

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

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| <p>1. Number of Taxable Employees _____</p> <p>2. Total salaries, wages, commissions and other compensation paid to all employees \$ _____</p> <p>3. Less exempt items (Compensation paid for services outside Montgomery County) \$ _____</p> <p>4. Taxable Balance (Line 2 less Line 3) \$ _____</p> <p>5. Tax Due at - 1.00% \$ _____</p> <p>6. Adjustment for preceding quarters (past due balances/underpayments) \$ _____</p> <p>7. Total after Adjustment (Line 5 +/- Line 6) \$ _____</p> | <p>8. Penalty (per annum) - 1.50% \$ _____</p> <p>9. Interest (per annum) - 10.00% \$ _____</p> <p>10. Balance Due \$ _____</p> <p>I hereby certify that the information, schedules, statements and exhibits filed herewith, are true and correct.</p> <p>Signed _____ Date _____</p> <p>Official Title _____</p> |
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|--|---|---|-------|-----|------|----|----|------|-------|-----|------|----|----|------|--|
| <p>Licensee</p> <p style="color: orange;">Remember to include 1099 Forms, W2 Forms and Reconciliation Report with 4th Quarter</p> | <p>Account Number</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> | <p>FOR QUARTER ENDING</p> <table border="1" style="margin: auto;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td style="text-align: center;">03</td><td style="text-align: center;">31</td><td style="text-align: center;">2015</td></tr> </table> <p>RETURN DUE ON OR BEFORE:</p> <table border="1" style="margin: auto;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td style="text-align: center;">04</td><td style="text-align: center;">30</td><td style="text-align: center;">2015</td></tr> </table> | Month | Day | Year | 03 | 31 | 2015 | Month | Day | Year | 04 | 30 | 2015 | <p style="color: red;">Make checks payable and mail to:</p> <p>MONTGOMERY COUNTY TREASURER</p> <p>44 WEST MAIN STREET MT. STERLING KY 40353</p> <p>Phone Number (859) 498-5389 mary.blevins@ky.gov</p> |
| Month | Day | Year | | | | | | | | | | | | | |
| 03 | 31 | 2015 | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | | |
| 04 | 30 | 2015 | | | | | | | | | | | | | |

Indicate any name or address changes above. HCOF-Q Rev. 9/27/02

***PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.**

