

METCALFE COUNTY
EMPLOYER'S RETURN OF LICENSE TAX WITHHELD
 "If no wages were paid this period, mark "NONE" and return this form."

1. Total salaries, wages, commissions and other compensation paid to all employees for services within Metcalfe County. \$ _____

2. Tax Due at - **1.00%** \$ _____

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

4. Penalty (per annum) - **5.00%** \$ _____

5. Interest (per annum) - **12.00%** \$ _____

6. Balance Due \$ _____

7. Overpayment to be credited to next quarter \$ _____

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

Signed _____ Date _____

Official Title _____

Licensee 	Account Number <input type="text"/>	FOR PERIOD ENDING <table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year				Make checks payable and mail to: METCALFE COUNTY TREASURER PO BOX 149 EDMONTON KY 42129-0149 Phone Number <input type="text"/>
	Month	Day	Year						
Phone Number <input type="text"/>	RETURN DUE ON OR BEFORE: <table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year					
Month	Day	Year							
		Federal ID No. <input type="text"/>	<input type="text"/>						

Indicate any name or address changes above.
 *PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.