

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 month) **5.00%** not to exceed 25.00% but not less than \$25.00 \$ _____

5. Interest (per month) 1.00% \$ _____

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

Phone Number



FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE:

Month	Day	Year

Federal ID No. _____

Make checks payable and mail to:

METCALFE COUNTY

TREASURER

PO BOX 149

EDMONTON KY 42129

Phone Number

270) 432-3181

Indicate any name or address changes above.

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