



POWELL COUNTY FISCAL COURT
EMPLOYER'S RETURN OF LICENSE FEE WITHHELD
If no wages were paid this period, mark "NONE" and return this form

- 1. Total salaries, wages, commissions & other compensation paid to all employees for services within Powell County \$ _____
- 2. Tax due in the quarter at **1.75%** \$ _____
- 3. Adjust for preceding quarter \$ _____
- 4. Total after adjustment (Item 2 plus 3) \$ _____
- 5. Payment during qtr (list on reverse side) \$ _____
- 6. Total due (line 4 minus 5) \$ _____
- 7. Penalty Per Month **5%** (\$25.00 Min / 25% Max) \$ _____

- 8. Interest per annum **12%** \$ _____
- 9. Balance Due \$ _____
- 10. Enter any overpayment here 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 No.

FED. ID No.

Phone No.

FOR QUARTER ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

**APRIL 30, JULY 31,
OCTOBER 31, JANUARY 31**

Make checks payable and mail to:

Powell County Fiscal Court

PO Box 506

STANTON KY 40380

Phone: (606) 663-2834

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