

**ROCKCASTLE COUNTY TAX ADMINISTRATOR**

**EMPLOYER'S RETURN OF LICENSE FEE WITHHELD**

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

1. Number of Taxable Employees \_\_\_\_\_

2. Total salaries, wages, commissions and other compensation paid to all employees \$ \_\_\_\_\_

3. Less exempt items (Compensation Paid for services outside Rockcastle County) \$ \_\_\_\_\_

4. Taxable Balance (Line 2 less Line 3) \$ \_\_\_\_\_

5. Tax Due at - **1.50%** \$ \_\_\_\_\_

6. Adjustment for preceding quarters (past due balances/underpayments) \$ \_\_\_\_\_

7. Total after Adjustment (Line 5 +/- Line 6) \$ \_\_\_\_\_

8. Penalty (per month) - **5.00%** \$ \_\_\_\_\_  
(\$25 MINIMUM)

9. Interest (per annum) - **12.00%** \$ \_\_\_\_\_

10. Balance Due \$ \_\_\_\_\_

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Official Title \_\_\_\_\_

**Account Number**

\_\_\_\_\_

Indicate any name or address changes above.

**FOR PERIOD ENDING**

Month	Day	Year

**RETURN DUE ON OR BEFORE:**

Month	Day	Year

Make checks payable and mail to:

ROCKCASTLE COUNTY  
OCCUPATIONAL TAX

PO BOX 1810  
MOUNT VERNON KY 40456

Phone  
(606) 256-8374

Fax  
(606) 256-8104

ockocctax@windstream.net

**Rockcastle County Reconciliation of License Fee Withheld**

During Year Ended \_\_\_\_/\_\_\_\_/\_\_\_\_

TO BE FILED WITH THE 4th QUARTER'S RETURN BY \_\_\_\_/\_\_\_\_/\_\_\_\_  
OR WITH THE FINAL QUARTERLY RETURN OF THE CLOSING  
OF ANY BUSINESS EITHER BY SALE OR DISSOLUTION.

**Please send in a  
W-2 Summary or  
W-3 Transmittal  
and 1099 Forms**

TOTAL NUMBER OF EMPLOYEES FOR THE YEAR \_\_\_\_\_

**ANNUAL RECONCILIATION**

(1) Total Wages Paid For The Year	\$		
(2) Total License Fee Withheld For The Year	\$		

	COLUMN A Monthly Payments	COLUMN B Quarterly Payments	COLUMN C Total For Year
January		\$	1st
February			
March			
April		\$	2nd
May			
June			
July		\$	3rd
August			
September			
October		\$	4th
November			
December			

(3) \_\_\_\_\_ (Line 3 Must Equal Line 2) \$ \_\_\_\_\_

Please make a copy for your records.