

SPENCER COUNTY TAX ADMINISTRATOR EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

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

- 1. Salaries, wages, commissions & other compensation paid all employees for services in This City \$ _____
- 2. Tax Due at - **0.80%** \$ _____
- 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 _____

Official Title _____ Date _____

Account No.

Phone Number
 (502) -

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

Month	Day	Year

FED ID No.

Make checks payable and mail to:
SPENCER COUNTY TAX ADMINISTRATOR
INSTRUTOR
PO BOX 397
TAYLORSVILLE KY 40071
 Phone: (502) 477-2897
 Fax:
 Email: stephanie.smith@

Indicate any name or address change above.

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

Form OCC-3PT-Rev. 9/27/02