

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

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

<p>1. Salaries, wages, commissions & other compensation paid all employees for services within Spencer Co. \$ _____</p> <p>2. Total Due at - \$ _____</p> <p>3. Adjustment for preceding quarters (past due balances / underpayments) \$ _____</p> <p>4. Penalty (per annum) - \$ _____</p> <p>5. Interest (per annum) - \$ _____</p> <p>6. BALANCE DUE \$ _____</p>	<p>7. Overpayment to be credited to next quarter \$ _____</p> <p>I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.</p> <p>Signed _____</p> <p>Official Title _____ Date _____</p>
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<p style="text-align: right;">Account No. _____</p> <p style="text-align: right;">Phone Number _____</p> <p>Indicate any name or address change above.</p>	<p>FOR PERIOD ENDING</p> <table border="1" style="margin: auto;"> <tr> <th style="width: 33%;">Month</th> <th style="width: 33%;">Day</th> <th style="width: 33%;">Year</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>RETURN DUE ON OR BEFORE</p> <table border="1" style="margin: auto;"> <tr> <th style="width: 33%;">Month</th> <th style="width: 33%;">Day</th> <th style="width: 33%;">Year</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>FED ID No. _____</p>	Month	Day	Year				Month	Day	Year				<p>Make checks payable and mail to:</p> <p>SPENCER COUNTY TAX ADMINISTRATOR</p> <p>P.O. BOX 397 TAYLORSVILLE KY 40071 Phone: (502) 477-2997</p>
Month	Day	Year												
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*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.