



**TODD FISCAL COURT**  
**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 Todd County \$ \_\_\_\_\_
- 2. Tax Due at - 1.00% \$ \_\_\_\_\_
- 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

Indicate any name or address change above.

**FOR PERIOD ENDING**

Month	Day	Year

**RETURN DUE ON OR BEFORE**

Month	Day	Year

FED ID No.

Make checks payable and mail to:  
**TODD FISCAL COURT**  
 PO BOX 310  
 ELKTON KY 42220  
 Phone Number  
 (270) 265-9966



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