



# JACKSON 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 County \$ \_\_\_\_\_
2. Tax Due at - **1.00%** \$ \_\_\_\_\_
3. Adjustment for preceding quarters (past due balances / underpayments) \$ \_\_\_\_\_
4. Penalty (per month) - **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:

**JACKSON COUNTY TAX ADMINISTRATOR**

P.O. BOX 514  
MCKEE KY 40447

Phone: (606) 287-8375

Fax: (606) 287-8396

Email: taxadmin@prtcne

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

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