

# GALLATIN COUNTY FISCAL COURT 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 &amp; other compensation paid all employees in Gallatin County QTD \$ _____</p> <p>2. Tax due in the period at - 1% \$ _____</p> <p>3. Adjust for preceding quarters (past due /underpayments) \$ _____</p>	<p>6. Total after adjustment (Item 2 minus Item 3) \$ _____</p> <p>7. Penalty <b>10.00%</b> \$ _____</p> <p>8. Interest (per annum) - <b>12.00%</b> \$ _____</p> <p>9. BALANCE DUE \$ _____</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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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:

**GALLATIN COUNTY FISCAL COURT**  
P.O. BOX 144  
WARSAW KY 41095

Phone: (859) 567-5691  
Fax: (859) 567-4764

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

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