

LAUREL COUNTY, KENTUCKY QUARTERLY LICENSE FEE RETURN

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct. Signed _____ Date _____ ___ No activity (Return form even if there was no activity this quarter.) ___ Final return (All taxes have been paid and no future activity is planned.) ___ Address change (Please note changes below)	<p align="center">YOU MUST ATTACH A COPY OF YOU W-2 OR FINAL PAY STUB</p> 1. Salaries, wages, commissions & other compensation \$ _____ 2. Less wages earned outside Laurel County \$ _____ 3. Taxable earnings (Line 1 minus Line 2) \$ _____ 4. Total Tax (Line 3 X .01) \$ _____ 5. Add (+) debit or subtract (-) credit \$ _____ 6. Penalty - 5% monthly; max 25%; min \$25.00 \$ _____ 7. Interest - 1% monthly or fraction thereof \$ _____ 8. Total due \$ _____																		
Account No. 00001 FED ID OR SS NO.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">FOR QUARTER ENDING</th> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <th colspan="3" style="text-align: center;">DUE ON OR BEFORE</th> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	FOR QUARTER ENDING			Month	Day	Year				DUE ON OR BEFORE			Month	Day	Year			
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Make checks payable to LCOT and mail to: LAUREL COUNTY OCCUPATIONAL TAX OFFICE PO BOX 650 LONDON KY 40743-0650 (606) 878-9766																			

***COPY TO BE FILED WITH OCCUPATIONAL TAX OFFICE**

Form WH-1 FED Rev. 01/01/2008

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PLEASE DETACH THE TOP COPY AND RETURN IT TO THE OCCUPATIONAL TAX OFFICE. YOU SHOULD INCLUDE ANY REMITTANCE WITH THE RETURN. THE SECOND COPY IS FOR YOUR RECORDS.

INSTRUCTIONS YOU MUST ATTACH A COPY OF YOUR W-2 OR FINAL PAY STUB

LINE 1. COMPENSATION BEFORE ANY DEDUCTIONS. THE OCCUPATIONAL LICENSE FEE IS ASSESSED ON TRUE GROSS. AS A FEDERAL EMPLOYEE YOU SHOULD USE MEDICARE WAGES, BOX 5, PLUS PRE TAX HEALTH BENEFITS, PRE TAX HEALTH SAVINGS ACCOUNTS, AND ANY OTHER PRE TAX DEDUCTIONS. COMPENSATION IS DEFINED AS "THE GROSS AMOUNT OF ALL SALARIES, WAGES, COMMISSIONS, FEES (INCLUDING DIRECTOR FEES), BONUSES, OR ANY OTHER MONEY PAYMENTS OF ANY KIND, OR OTHER CONSIDERATIONS HAVING A MONETARY VALUE...". EXPENSE REIMBURSEMENT IS NOT INCLUDED IN COMPENSATION.

LINE 2. COMPENSATION AS DEFINED ON LINE 1 EARNED OUTSIDE LAUREL COUNTY.

LINE 5. ENTER ANY UNDERPAYMENTS OR CREDITS FROM PRIOR PERIODS. PLEASE EXPLAIN ON BACK OF FORM.

LINE 6. PENALTY OF 5% MONTHLY; MAX 25%; MINIMUM \$25.00, CALCULATED ON THE TOTAL OF LINE 4 AND LINE 5.**

LINE 7. CALCULATED ON THE TOTAL OF LINE 4, LINE 5 AND LINE 6 X 1% X NUMBER OF MONTHS.**

****Changes: The Occupational Tax Ordinance was amended to reflect changes required by the state legislature. Following is an explanation of the changes: all changes are due to standardization and specified in KRS 67.**

****PENALTY: Penalty for late filing or late payment is 5% of the tax due for each calendar month or fraction of a month, maximum penalty of 25%, minimum penalty of \$25.00.**

****INTEREST: Interest for late payment is 1% of the tax due for each calendar month or fraction of a month if the return is filed after the original due date.**

Please visit our website: www.lcotax.com, where you can find out more information on any changes, download forms, view or download the occupational tax ordinance, and other information you may find helpful or informative.