

LAUREL COUNTY, KENTUCKY MONTHLY LICENSE FEE RETURN

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____

Title _____ 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)

Account No. _____ FED ID OR SS NO. _____

Number of employees working in Laurel County _____

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 \$ _____

Name & Address

FOR MONTH ENDING		
Month	Day	Year
DUE ON OR BEFORE		
Month	Day	Year

Make checks payable LCOT and mail to:

**LAUREL COUNTY
OCCUPATIONAL
TAX OFFICE**

PO BOX 650
LONDON KY 40743-0650
(606) 878-9766

THERE WILL BE A \$25.00 FEE FOR RETURNED OR NSF CHECKS

Form WH-1 Rev. 01/01/2008
Detach here

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