

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

Detach here

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