

# MCCRACKEN COUNTY TAX ADMINISTRATOR

## EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD

If no wages were paid this period, mark "NONE" and return this form

1. Total earnings paid all employees in quarter within McCracken County. \$ \_\_\_\_\_
2. Less earnings for work or services rendered in City of Paducah only. \$ \_\_\_\_\_
3. Taxable Balance - Line 1 Less Line 2 \$ \_\_\_\_\_
4. **TAX DUE AT: 1.00%** \$ \_\_\_\_\_
5. Penalty per calendar month **5.00%** (not less than \$25.00) \$ \_\_\_\_\_
6. Interest (per month) 1.00% \$ \_\_\_\_\_
7. **BALANCE DUE** \$ \_\_\_\_\_

Number of Taxable Employees \_\_\_\_\_

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

Signed \_\_\_\_\_

Official Title \_\_\_\_\_ Date \_\_\_\_\_

Account No. \_\_\_\_\_

**FOR PERIOD ENDING**

Month	Day	Year

**RETURN DUE ON OR BEFORE**

Month	Day	Year

FED ID No. \_\_\_\_\_

Make check payable and mail to:

**MCCRACKEN COUNTY TAX ADMINISTRATOR**

**P O BOX 2658**

**PADUCAH KY 42002-2658**

Phone: (270) 444-4722

Fax: (270) 444-4737

Indicate any name or address change above.

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

Form OCC-3PT Rev. 1/22/2010