

Simpson County Tax Administrator

EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

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

- 1. Salaries, wages, commissions & other compensation paid all employees for services in This County \$ _____
- 2. Tax Due at - 1.00% \$ _____
- 3. Adjustment for preceding quarters (past due balances / underpayments) \$ _____
- 4. Penalty (Min: \$25.00) - 5.00% \$ _____
- 5. Interest (per annum) - 12.00% \$ _____
- 6. BALANCE DUE \$ _____

7. Overpayment to be credited to next quarter \$ _____

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

Signed _____

Official Title _____ Date _____

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

Month	Day	Year

FED ID No. _____

Account No. _____

Make checks payable and mail to:

Simpson County Tax Administrator

**P.O. Box 242
Franklin KY 42135**

**Phone Number
(270) 586-7184**

Indicate any name or address change above.

***PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.** Form HCOC-Q3 Rev. 9/27/02