



# KNOX COUNTY FEE ADMINISTRATOR EMPLOYER'S RETURN OF LICENSE FEE WITHHELD



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

1. Total salaries, wages, commissions and other compensation paid to all employees for services within Knox County. \$ \_\_\_\_\_

2. Tax Due at - **1.00%** \$ \_\_\_\_\_

3. Adjustment for preceding quarters (past due balances/underpayments) \$ \_\_\_\_\_

4. Penalty (per month) **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 \_\_\_\_\_ Date \_\_\_\_\_

**FOR PERIOD ENDING**  
Official Title \_\_\_\_\_

**Licensee**

**Account Number**

**Phone Number**



Indicate any name, address or other changes.

**FOR PERIOD ENDING**

Month	Day	Year
<b>06</b>	<b>30</b>	<b>2015</b>

**RETURN DUE ON OR BEFORE:**

Month	Day	Year
<b>07</b>	<b>31</b>	<b>2015</b>

Federal ID No. \_\_\_\_\_

Make checks payable and mail to:

**KNOX COUNTY FEE ADMINISTRATOR**

PO BOX 177

BARBOURVILLE KY 40906

Phone: (606) 546-8915

Fax: (606) 546-6196

[kfctax@barbourville.com](mailto:kfctax@barbourville.com)

**MAXIMUM ANNUAL PENALTY 25% OF FEE DUE.**

**\*PLEASE DETACH FORM BELOW\***

MCOF-Q Rev. 9/27/02