



# 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>09</b>	<b>30</b>	<b>2015</b>
<b>RETURN DUE ON OR BEFORE:</b>		
Month	Day	Year
<b>10</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)