



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
12	31	2017
RETURN DUE ON OR BEFORE:		
Month	Day	Year
01	31	2018
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