

Warren County Occupational License

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-monthly (no less than \$25 no more than 25%)
5.00% | \$ _____ |
| 5. Interest (per month) - 1.00% | \$ _____ |
| 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 _____

Account No.

00001

Phone Number



Indicate any name or address change above.

FOR PERIOD ENDING

Month	Day	Year
03	31	2021

RETURN DUE ON OR BEFORE

Month	Day	Year
04	30	2021

FED ID No.

Make checks payable and mail to:

Warren County Occupational License

429 E. 10th St. Suite
Bowling Green KY 42101

Phone: (270) 842-5805

Fax: (270) 842-2400

stephen.kenworthy@ky.gov

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

Form OCC-3PT Rev. 9/27/02