

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 (per annum) - 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 _____

Account No.

00003

Phone Number

(270) -

FOR PERIOD ENDING

| Month | Day | Year |
|-------|-----|------|
| | | |

RETURN DUE ON OR BEFORE

| Month | Day | Year |
|-------|-----|------|
| | | |

FED ID No.

Make checks payable and mail to:
Warren County Occupational License
 429 East 10th Street
 Bowling Green KY 42101

Phone: (270) 842-5805
 Fax: (270) 781-2777
 Email: jerry.pearson@ky



Indicate any name or address change above.

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

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