

**MC Tax Administrator
RETURN OF LICENSE FEE**

If no wages were received this period, mark "NONE" and return this form.

1. Blank	\$ _____
2. Total salaries, wages, commissions and other compensation	\$ _____
3. Amount of Line 2 representing personal use	\$ _____
4. Taxable Balance (Same as Line 3)	\$ _____
5. Tax Due at - 0.50%	\$ _____
6. Adjustment (past due balances / underpayments)	\$ _____
7. Total after Adjustment, if any (Line 5 +/- Line 6)	\$ _____

8. Penalty (per month) -	5.00%	\$ _____
\$25.00 MINIMUM		
9. Interest (per annum) -	12.00%	\$ _____
10. Balance Due		\$ _____

I hereby certify that the information, schedules, statements and exhibits filed herewith, are true and correct.

Signed _____ Date _____

Official Title _____

Account Number

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE:

Month	Day	Year

Make checks payable and mail to:
Morgan County Office of Tax Administration
450 Prestonsburg Street
West Liberty, KY 41472
Phone (606) 743-3897
Fax (606) 743-3895



Indicate any name or address changes above.

MORGAN COUNTY Reconciliation of License Fee

During Year Ended _____

TO BE FILED BY _____
OR WITH THE FINAL RETURN OF THE CLOSING OF ANY BUSINESS EITHER BY SALE OR DISSOLUTION.

**Please send in a
W-2 Summary or
W-3 Transmittal
and 1099 Forms**

Please make a copy for your records.