

MORGAN COUNTY QUARTERLY LICENSE FEE RETURN

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

Signed _____

Title _____ Date _____

- No activity (return form even if there was no activity this quarter.)
 Final Return (All taxes have been paid and no future activity is planned)
 Address change (Please note any changes below)

Account No _____ FED ID OR SS NO. _____

Number of Employees working in this County _____

- | | |
|--|----------|
| 1. Salaries, wages, commissions & other compensation | \$ _____ |
| 2. Less wage earned outside Morgan Co. | \$ _____ |
| 3. Taxable Earnings (Line 1 minus Line 2) | \$ _____ |
| 4. Total Tax (Line 3 X .005) | \$ _____ |
| 5. Add (+) debit of subtract (-) credit | \$ _____ |
| 6. Penalty (per month) - 5.00% | \$ _____ |
| 7. Interest (per annum) - 12.00% | \$ _____ |
| 8. Total Due | \$ _____ |



FOR QUARTER ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE:

Month	Day	Year

Make checks payable to MCFC and mail to:

*MC Tax Administrator
 450 Prestonsburg Street
 West Liberty, KY 41472
 (606) 743-3897*

* COPY TO BE FILED WITH OCCUPATIONAL TAX

MC QTR OCC FORM 1

Detach Here

Detach Here

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* KEEP THIS COPY FOR YOUR RECORDS *

MC QTR OCC FORM 1

PLEASE DETACH THE TOP COPY AND RETURN IT TO THE OCCUPATIONAL TAX OFFICE. YOU SHOULD INCLUDE ANY REMITTANCE WITH THE RETURN. THE SECOND COPY IS FOR YOUR RECORDS.

INSTRUCTIONS

LINE 1. COMPENSATION BEFORE ANY DEDUCTIONS. THE OCCUPATIONAL LICENSE FEE IS ASSESSED ON TRUE GROSS. DO NOT DEDUCT FOR DEFERRED COMPENSATION, (401K, 403B, TSP, ETC.) OR SEC 125 PLANS (PRETAX HEALTH BENEFITS ETC.). YOU SHOULD INCLUDE COMPENSATION OF ALL EMPLOYEES OF THE BUSINESS. COMPENSATION IS DEFINED AS "THE GROSS AMOUNT OF ALL SALARIES, WAGES, COMMISSIONS, FEES (INCLUDING DIRECTOR FEES), BONUSES, OR ANY OTHER MONEY PAYMENTS OF ANY KIND, OR OTHER CONSIDERATIONS HAVING MONETARY VALUE..."

LINE 2. COMPENSATION AS DEFINED ON LINE 1 EARNED OUTSIDE MORGAN COUNTY.

LINE 5. ENTER ANY UNDERPAYMENTS OR CREDITS FROM PRIOR PERIODS. PLEASE EXPLAIN ON BACK OF FORM.

LINE 6. PENALTY OF 5% PER MONTH OR FRACTION OF A MONTH CALCULATED ON THE TOTAL OF LINE 4 AND LINE 5.

LINE 7. CALCULATED ON THE TOTAL OF LINE 4, LINE 5, AND LINE 6 X .05 X NUMBER OF MONTHS OR FRACTION OF A MONTH.

OUR OFFICE IS LOCATED IN THE MORGAN COUNTY OFFICE BUILDING, 450 PRESTONSBURG STREET, WEST LIBERTY, KY 41472