

**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 - **1.5000%** \$ _____
 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
12	31	

RETURN DUE ON OR BEFORE:

Month	Day	Year
04	15	

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 12 / 31 / _____

TO BE FILED BY 04 15
 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.