



KNOX COUNTY FEE ADMINISTRATOR EMPLOYER'S RETURN OF LICENSE FEE WITHHELD



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

1. Total salaries, wages, commissions and other compensation paid to all employees for services within Knox County. \$ _____

2. Tax Due at - **1.00%** \$ _____

3. Adjustment for preceding quarters (past due balances/underpayments) \$ _____

4. Penalty (per month) **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 _____ Date _____

FOR PERIOD ENDING
Official Title _____

Licensee

Account Number

Phone Number



Indicate any name, address or other changes.

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE:

Month	Day	Year

Federal ID No. _____

Make checks payable and mail to:

KNOX COUNTY FEE ADMINISTRATOR

PO BOX 177

BARBOURVILLE KY 40906

Phone: (606) 546-8915

Fax: (606) 546-6196

kfctax@barbourville.com

MAXIMUM ANNUAL PENALTY 25% OF FEE DUE.

PLEASE DETACH FORM BELOW

MCOF-Q Rev. 9/27/02