

**GALLATIN COUNTY FISCAL COURT**  
**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 in Gallatin County QTD	\$ _____	5. Total after adjustment (Item 2 minus Item 3)	\$ _____												
2. Tax due in the period at - 1%	\$ _____	6. Penalty 10.00%	\$ _____												
3. Adjust for preceding quarters(past due /underpayments	\$ _____	7. Interest (per annum) - 12.00%	\$ _____												
		8. BALANCE DUE	\$ _____												
<p>hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.</p> <p>Signed _____  Official Title _____ Date _____</p>															
<p>Account No. _____  Phone Number _____</p> <p><b>Indicate any name or address change above.</b></p>		<p align="center"><b>FOR PERIOD ENDING</b></p> <table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p align="center"><b>RETURN DUE ON OR BEFORE</b></p> <table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p align="center">FED ID No. _____</p>		Month	Day	Year				Month	Day	Year			
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<p>Make checks payable and mail to:  <b>GALLATIN COUNTY FISCAL COURT</b>  P.O. BOX 144  WARSAW KY 41095</p> <p>Phone: (859) 567-5691  Fax: (859) 567-4764</p>															

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

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