



UNION COUNTY TAX ADMINISTRATOR

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 for services in This County \$ _____
2. Tax Due at - **0.50%** \$ _____
3. Adjustment for preceding quarters (past due balances / underpayments) \$ _____
4. Penalty **5.00%** per mth and portion of max 25% min \$25 \$ _____
5. Interest **12.00%** per annum \$ _____
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 _____

Official Title _____ Date _____

Company Name

Account No.

Contact

Phone Number

Address

City, State, Zip



Indicate any name or address change above.



FOR QUARTER ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

Month	Day	Year

FED ID No. / SSN

Make checks payable and mail to

Union County Tax Administrator
P.O. Box 60
Morganfield, KY 42437

Phone: (270) 389-3438
Fax: (270) 389-4232

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

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