

CITY OF CAMPBELLVILLE, TAYLOR COUNTY, KY

EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

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

- 1. Salaries, wages, commissions & any compensation paid to employees working in Campbellville city limits \$ _____
- 2. Tax Due at -1.00% on GROSS WAGES \$ _____
- 3. Adjustment for preceding quarters (past due balances / underpayments / wages earned outside city limits) \$ _____
- 4. Penalty- Not Less than \$25 0.00% \$ _____
- 5. Interest (per annum) - 0.00% \$ _____
- 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 _____

Official Title _____ Date _____

Account No.

Phone Number

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

Month	Day	Year

FED ID No.

Make checks payable and mail to:

OCCUPATIONAL TAX

203 N. COURT ST., SUITE 10

CAMPBELLVILLE KY 42718

Phone: (270) 465-9760

Fax: (270) 465-0380

tcocctax@windstream.net



Indicate any name or address change above.



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

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