

**HARRISON COUNTY TAX 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 Harrison County. \$ _____

2. Tax Due at - 1.5% \$ _____

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

4. Penalty (5% per month, maximum not to exceed 25%, minimum \$25) - \$ _____

5. Interest (12% per year) - \$ _____

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 _____

Official Title _____

Licensee

Account Number

Phone Number

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE:

Month	Day	Year

Federal ID No. _____

Make checks payable and mail to:

HARRISON COUNTY TAX ADMINISTRATOR

111 S. MAIN ST.,
P.O. BOX 708
CYNTHIANA KY 41031

Phone Number

Indicate any name or address changes above.
 *PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.