



**Revenue Commission**

**Employer's Return of  
License Tax Withheld**

FOR PERIOD ENDING \_\_\_\_\_

FEDERAL ID OR SS# \_\_\_\_\_

MONTHLY

NAME: \_\_\_\_\_

QUARTERLY

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

|                                                            |                                                                                                                                                                     | Column A<br>GEORGETOWN | Column B<br>SCOTT CO. | Column C<br>SCHOOLS |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|---------------------|
| 1                                                          | Enter total salaries, wages, commissions, and other compensation paid this period.                                                                                  |                        |                       |                     |
| 2                                                          | LESS: Amount included in line 1 which was paid for services outside of Georgetown/Scott County.                                                                     |                        |                       |                     |
| 3                                                          | LESS: Amount included in line 1 which was paid to employees who were not residents of Scott County.                                                                 |                        |                       |                     |
| 4                                                          | Total wages paid this period within each of columns A, B and C. (Subtract Lines 2 and 3 from Line 1)                                                                |                        |                       |                     |
| 5                                                          | LESS: \$10,000 deduction from gross wages of each employee age 65 or older (columns A & B)                                                                          |                        |                       |                     |
| 6                                                          | Taxable Balance (subtract line 5 from line 4) Enter difference in columns A & B. Column C enter amount from line 4.                                                 |                        |                       |                     |
| 7                                                          | License tax rate                                                                                                                                                    | 1%                     | 1%                    | 1/2%                |
| 8                                                          | Tax Due (multiply line 6 by line 7) Enter result here.                                                                                                              |                        |                       |                     |
| <b>PENALTIES &amp; INTEREST</b>                            |                                                                                                                                                                     |                        |                       |                     |
| 9                                                          | Penalty (5% per month or portion of month from due date until paid or if no tax due until return is filed, Maximum 25% Minimum \$25.00 in each of columns A, B & C) |                        |                       |                     |
| 10                                                         | Interest (12% per annum of any tax not paid in each of columns A, B & C)                                                                                            |                        |                       |                     |
| <b>ADJUSTMENTS</b>                                         |                                                                                                                                                                     |                        |                       |                     |
| 11                                                         | Adjustments to tax due                                                                                                                                              |                        |                       |                     |
| 12                                                         | TOTAL TAX DUE (add lines 8 through 11)                                                                                                                              |                        |                       |                     |
| <b>COMBINED TOTAL PAID</b> (add line 12, columns A, B & C) |                                                                                                                                                                     |                        |                       |                     |

By signing below, I certify the information contained herein is true and correct.

Signature

Date

Printed name

Title

**OFFICE USE ONLY**

Date Paid: \_\_\_\_\_

Check#: \_\_\_\_\_

Amount \_\_\_\_\_

By: \_\_\_\_\_

Mail return with payment to: Georgetown/Scott County Revenue Commission, P O Box 800, Georgetown KY 40324