

CLAY COUNTY, KENTUCKY FOURTH QUARTER LICENSE FEE RETURN & ANNUAL RECONCILIATION FORM

<p>I hereby certify that the information, schedules, statements, and exhibits filed herewith are true and correct.</p> <p>Signed _____</p> <p>Title _____ Date _____</p> <p>____ No activity (Return form even if there was no activity this quarter)</p> <p>____ Final Return (All taxes have been paid & no future activity planned)</p> <p>____ Address change (Please note changes below)</p>	<p>Number of employees working in Clay County _____</p> <p>1. Salaries, wages, commissions & other compensation \$ _____</p> <p>2. Less wages earned outside of Clay County..... \$ _____</p> <p>3. Taxable earnings (Line 1 minus Line 2)..... \$ _____</p> <p>4. Total Tax (Line 3 x .01)..... \$ _____</p> <p>5. Add (+) debit or subtract (-) credit..... \$ _____</p> <p>6. Penalty (5% monthly, 25% max, \$25.00 min). \$ _____</p> <p>7. Interest (1% monthly or fraction of a month). \$ _____</p> <p>8. Total Due..... \$ _____</p>
<p>Account No. _____ Fed ID or SSN: _____</p>	

	FOR QUARTER ENDING	<p>Make checks payable to CCOT and mail to:</p> <p style="text-align: center;">CLAY COUNTY OCCUPATIONAL TAX OFFICE</p> <p style="text-align: center;">PO BOX 157 MANCHESTER, KY 40962</p> <p style="text-align: center;">(606) 598-2199</p>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>		Month	Day	Year			
Month	Day		Year					
	DUE ON OR BEFORE							
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*COPY TO BE FILED WITH OCCUPATIONAL TAX OFFICE. THERE WILL BE A \$25.00 FEE FOR RETURNED OR NSF CHECKS.

FORM CCOC-Q Rev. 03/13/2023

DETACH HERE. MAIL ORIGINAL • PLEASE DO NOT STAPLE 4TH QUARTER RETURN TO THE RECONCILIATION FORM AND EMPLOYEE W2 FORMS

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Account Number	Name & Address (Indicate any change in ownership, name, or address)	Federal ID Number

	COLUMN A Total Wages	COLUMN B Subject Wages	COLUMN C Tax Paid
1 st Quarter	\$ _____	\$ _____	\$ _____
2 nd Quarter	\$ _____	\$ _____	\$ _____
3 rd Quarter	\$ _____	\$ _____	\$ _____
4 th Quarter	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

<p>NUMBER OF EMPLOYEES AND W2 FORMS _____</p> <p>Minor differences due to fractional variations or rounding only.</p> <p>Payment not required if less than \$1.00.</p>	1.	TOTAL TAX WITHHELD PER W2 FORMS	\$ _____
	2.	UNDERPAYMENT	\$ _____
	3.	OVERPAYMENT	\$ _____
	4.	BALANCE DUE	\$ _____

NO REFUND OR CREDIT WILL RESULT FROM ENTRIES MADE ON THIS FORM. YOU MUST SUBMIT AN AMENDED RETURN WITH A COPY OF THE ORIGINAL RETURN FOR ANY QUARTER THAT HAS BEEN OVERPAID.

YOU MUST INCLUDE A TOTALED EMPLOYEE LISTING OR COPIES OF W2 FORMS AND W3

THE LISTING MUST INCLUDE THE FOLLOWING INFORMATION: EMPLOYEE NAME, ADDRESS AND SOCIAL SECURITY NUMBER, GROSS WAGES, CLAY COUNTY OCCUPATIONAL TAX WITHHELD.