

CLAY COUNTY, KENTUCKY MONTHLY LICENSE FEE RETURN

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____

Title _____ Date _____

___ No activity (Return form even if there was no activity this quarter.)

___ Final return (All taxes have been paid and no future activity is planned.)

___ Address change (Please note changes below)

Account No. _____ FED ID OR SS NO. _____

Number of employees working in Clay County	_____
1. Salaries, wages, commissions & other compensation	\$ _____
2. Less wages earned outside Clay County	\$ _____
3. Taxable earnings (Line 1 minus Line 2)	\$ _____
4. Total Tax (Line 3 X .01)	\$ _____
5. Add (+) debit or subtract (-) credit	\$ _____
6. Penalty - 5% monthly; max 25%; min \$25.00	\$ _____
7. Interest - 1% monthly or fraction thereof	\$ _____
8. Total due	\$ _____

Name & Address

FOR MONTH ENDING		
Month	Day	Year
DUE ON OR BEFORE		
Month	Day	Year

Make checks payable
CCOT and mail to:
**CLAY COUNTY
OCCUPATIONAL TAX
OFFICE**
PO BOX 157,
MANCHESTER, KY 40962
(606) 598-2199

THERE WILL BE A \$25.00 FEE FOR RETURNED OR NSF CHECKS

Detach here

Form WH-1 Rev. 03/03/23
Detach here