

CLAY COUNTY, KENTUCKY QUARTERLY 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) | 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 \$ _____ | | | | | | | | | | | | | | | | | | |
| Account No. _____ FED ID OR SS NO. _____ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">FOR QUARTER ENDING</td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td colspan="3" style="text-align: center;">DUE ON OR BEFORE</td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> | FOR QUARTER ENDING | | | Month | Day | Year | | | | DUE ON OR BEFORE | | | Month | Day | Year | | | |
| FOR QUARTER ENDING | | | | | | | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| DUE ON OR BEFORE | | | | | | | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Name & Address | | Make checks payable CCOT and mail to: CLAY COUNTY OCCUPATIONAL TAX OFFICE PO BOX 157 MANCHESTER KY 40962 (606) 598-2199 | | | | | | | | | | | | | | | | | |

***COPY TO BE FILED WITH OCCUPATIONAL TAX OFFICE THERE WILL BE A \$25.00 FEE FOR RETURNED OR NSF CHECKS** Form WH-1 Rev. 03/03/23

Detach here

Detach here

CLAY COUNTY, KENTUCKY QUARTERLY LICENSE FEE RETURN

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|-------|-----|------|--|--|--|-------------------------|--|--|-------|-----|------|--|--|--|
| I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct. Signed YOUR COPY FOR YOUR RECORDS 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) | 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 \$ _____ | | | | | | | | | | | | | | | | | | |
| Account No. _____ FED ID OR SS NO. _____ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">FOR QUARTER ENDING</td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td colspan="3" style="text-align: center;">DUE ON OR BEFORE</td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> | FOR QUARTER ENDING | | | Month | Day | Year | | | | DUE ON OR BEFORE | | | Month | Day | Year | | | |
| FOR QUARTER ENDING | | | | | | | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| DUE ON OR BEFORE | | | | | | | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Name & Address <p align="center" style="font-size: 1.2em;">COPY FOR YOUR RECORDS</p> | | Make checks payable CCOT and mail to: CLAY COUNTY OCCUPATIONAL TAX OFFICE PO BOX 157 MANCHESTER KY 40962 (606) 598-2199 | | | | | | | | | | | | | | | | | |

***KEEP THIS COPY FOR YOUR RECORDS.**

Form WH-1 Rev. 03/03/23

PLEASE DETACH THE TOP COPY AND RETURN IT TO THE OCCUPATIONAL TAX OFFICE. YOU SHOULD INCLUDE ANY REMITTANCE WITH THE RETURN. THE SECOND COPY IS FOR YOUR RECORDS.

INSTRUCTIONS

LINE 1. COMPENSATION BEFORE ANY DEDUCTIONS. THE OCCUPATIONAL LICENSE FEE IS ASSESSED ON TRUE GROSS. DO NOT DEDUCT FOR DEFERRED COMPENSATION, (401K, 403B, TSP, ETC.) OR SEC 125 PLANS (PRETAX HEALTH BENEFITS ETC.). YOU SHOULD INCLUDE COMPENSATION OF ALL EMPLOYEES OF THE BUSINESS. COMPENSATION IS DEFINED AS "THE GROSS AMOUNT OF ALL SALARIES, WAGES, COMMISSIONS, FEES (INCLUDING DIRECTOR FEES), BONUSES, OR ANY OTHER MONEY PAYMENTS OF ANY KIND, OR OTHER CONSIDERATIONS HAVING A MONETARY VALUE...".

LINE 2. COMPENSATION AS DEFINED ON LINE 1 EARNED OUTSIDE CLAY COUNTY.

LINE 5. ENTER ANY UNDERPAYMENTS OR CREDITS FROM PRIOR PERIODS. PLEASE EXPLAIN ON BACK OF FORM.

LINE 6. PENALTY OF 5% PER MONTH OR FRACTION OF A MONTH CALCULATED ON THE TOTAL OF LINE 4 AND LINE

LINE 7. CALCULATED ON THE TOTAL OF LINE 4, LINE 5, AND LINE 6 X 1% X NUMBER OF MONTHS OR FRACTION OF A MONTH.

CLAY COUNTY OCCUPATIONAL TAX OFFICE • PO BOX 157, MANCHESTER KY 40962
PHONE (606) 598-2199 • FAX (866) 613-7579 • EMAIL TAXADMINISTRATOR@DONNASACCOUNTING.COM
WEBSITE HTTPS://CLAYTAXADMIN.COM