

BREATHITT COUNTY TAX ADMINISTRATOR

EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

If no wages were paid this period, mark "NONE" and return this form

1. Salaries, wages, commissions & other compensation paid all employees for services in Breathitt County	\$ _____
2. Tax Due at -	\$ _____
3. Adjustment for preceding quarters (past due balances / underpayments)	\$ _____
4. Penalty (per annum) -	\$ _____
5. Interest (per annum) -	\$ _____
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 _____

Official Title _____ Date _____

Account No. _____



Phone Number _____

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

Month	Day	Year

FED ID No. _____

Make checks payable and mail to:

**BREATHITT CO.
TREASURER**

1137 MAIN STREET
JACKSON KY 41339

Phone Number
(606) 666-3800

Indicate any name or address change above. *PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS. Form HCOC-Q3 Rev. 9/18/07

BREATHITT COUNTY TAX ADMINISTRATOR

EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

If no wages were paid this period, mark "NONE" and return this form

1. Salaries, wages, commissions & other compensation paid all employees for services in Breathitt County	\$ _____
2. Tax Due at -	\$ _____
3. Adjustment for preceding quarters (past due balances / underpayments)	\$ _____
4. Penalty (per annum) -	\$ _____
5. Interest (per annum) -	\$ _____
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 _____

Official Title _____ Date _____

Account No. _____



Phone Number _____

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

Month	Day	Year

FED ID No. _____

Make checks payable and mail to:

**BREATHITT CO.
TREASURER**

1137 MAIN STREET
JACKSON KY 41339

Phone Number
(606) 666-3800

Indicate any name or address change above. *PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS. Form HCOC-Q3 Rev. 9/18/07

BREATHITT COUNTY TAX ADMINISTRATOR

EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

If no wages were paid this period, mark "NONE" and return this form

1. Salaries, wages, commissions & other compensation paid all employees for services in Breathitt County	\$ _____
2. Tax Due at -	\$ _____
3. Adjustment for preceding quarters (past due balances / underpayments)	\$ _____
4. Penalty (per annum) -	\$ _____
5. Interest (per annum) -	\$ _____
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 _____

Official Title _____ Date _____

Account No. _____



Phone Number _____

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

Month	Day	Year

FED ID No. _____

Make checks payable and mail to:

**BREATHITT CO.
TREASURER**

1137 MAIN STREET
JACKSON KY 41339

Phone Number
(606) 666-3800

Indicate any name or address change above. *PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS. Form HCOC-Q3 Rev. 9/18/07