

SIMPSON COUNTY TAX ADMINISTRATOR

EMPLOYER'S RETURN OF LICENSE TAX 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 Simpson County \$ _____
2. Tax Due at - **0.75%** \$ _____
3. Adjustment for preceding quarters (past due balances / underpayments) \$ _____
4. Penalty (Min. \$25.00) - **5.00%** \$ _____
5. Interest (per annum) - **12.00%** \$ _____
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:

SIMPSON COUNTY TAX ADMINISTRATOR
PO BOX 242
FRANKLIN KY 42135-0242

Phone: (270) 586-7184

Email: nlaw@simpsoncounty.us

Indicate any name or address change above.

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Form OCC-3PT Rev. 12/01/11