

# Boyd County Occupational Tax Return

## 001-OT

QUARTERLY

Boyd County Occupational Tax Rate: 1.00%

Judge Executive: Steve Towler

Out of business, check here  Date closed: \_\_\_\_\_

### Current Contact Information

Please Make Any Corrections In Name and Address

Account Number	Active Date
Account Name	
Address	
City / State / Zip	
Phone	

### Tax Reconciliation

Enter the number of employees and the total taxes paid for each quarter of the current year.

Quarter 1 # of Employees \_\_\_\_\_ Taxes Paid \$ \_\_\_\_\_

Quarter 2 # of Employees \_\_\_\_\_ Taxes Paid \$ \_\_\_\_\_

Quarter 3 # of Employees \_\_\_\_\_ Taxes Paid \$ \_\_\_\_\_

Quarter 4 # of Employees \_\_\_\_\_ Taxes Paid \$ \_\_\_\_\_

Total of All Quarterly Taxes Paid \$ \_\_\_\_\_

### OCCUPATIONAL TAX WORKSHEET

Please Enter All Requested Information

	Quarter / Year _____ / _____
01. Total number of employees.....	\$ _____
02. Total gross salaries, wages, commissions, and other compensation paid to all employees for time worked in Boyd County only.....	\$ _____
03. Tax withheld at: 1.00%.....	\$ _____
<b>04. IF PAID ON OR BEFORE DEADLINE DATE, GO TO LINE 07. OTHERWISE CONTINUE</b>	
05. LATE FEE - Add 12.00% Interest of the tax due per annum. Partial month is counted as an entire month.....	\$ _____
06. PENALTY - Add \$25.00 or 5.00% of tax due: Whichever is greater. Maximum 25.00% of tax due.....	\$ _____
07. TOTAL TAX, INTEREST, AND PENALTIES.....	\$ _____

Direct all questions or comments to: Susan Campbell

(606) 739-0164

### Please sign below

I hereby certify that the information contained herein are true, correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### If no wages were paid, check the box below and explain

No Wages Paid

Explanation


MAKE CHECK PAYABLE TO: Boyd County Fiscal Court

PO Box 423  
Catlettsburg, Ky 41129  
Phone (606) 739-0164

✂ ----- Detach and Keep This Stub For Your Records ----- ✂

Account Number	Active Date
Account Name	
Address	
City / State / Zip	
Phone	

_____	Date Paid
Check Number	Amount Paid
Authorized By	