

Boyd County Occupational Tax Return

001-OT

QUARTERLY

Boyd County Occupational Tax Rate: 1.00%

Judge Executive: Eric Chaney

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%.....	\$ _____
04. IF PAID ON OR BEFORE DEADLINE DATE, GO TO LINE 07. OTHERWISE CONTINUE	
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 _____	