

MCCRACKEN COUNTY TAX ADMINISTRATOR
EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD

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

- 1. Total earnings paid all employees in quarter within McCracken County. \$ _____
- 2. Less earnings for work or services rendered in City of Paducah only. \$ _____
- 3. Taxable Balance - Line 1 Less Line 2 \$ _____
- 4. **TAX DUE AT:** \$ _____
- 5. Penalty per calendar month (not less than \$25.00) \$ _____
- 6. Interest (per month) 1.00% \$ _____
- 7. **BALANCE DUE** \$ _____

Number of Taxable Employees _____

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____

Official Title _____ Date _____

Account No. _____

FOR PERIOD ENDING		
Month	Day	Year

RETURN DUE ON OR BEFORE		
Month	Day	Year

FED ID No. _____

Make check payable and mail to:
MCCRACKEN COUNTY TAX ADMINISTRATOR
 P O BOX 2658
PADUCAH KY 42002-2658
 Phone: (270) 444-4722
 Fax: (270) 444-4737

Indicate any name or address change above.

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

Form OCC-3PT Rev. 9/27/02

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