| | MPLOYER'S RETURN rages were paid this period | OF LICE | NSE FEE WIT | | | |
|--|--|--|--|--|--|---|
| Total salaries, wages, commissions and other compensation paid to all employees for services | \$ | 6. Balan | ce due | | | \$ \$0.00 |
| within THIS County. 2. Employee license fee withheld @ | \$ \$ | 7. Overp | payment to be ci | redited to next | quarter | \$ |
| Credits (attach explanation) | \$ | , | certify that the i | · | chedules, stat | ements and exhibits filed |
| 4. Add interest @ per anum | \$ | | are true and co | | | |
| 5. Add penalty late payment @ per anum | \$ \$ | Title | | | | |
| Employer | Account No | | FO | R PERIOD EN | NDING | Make checks payable and mail to: |
| JOHN SMITH | 00002 Phone No. | | Month 03 | Day 31 | Year 2003 | MAYBERRY COUNTY, |
| ABC PLUMBING SERVICE 121 S MAIN ST | (859) 255-121 | 7 | Return Due on or | | | KENTUCKY |
| SUITE 202 LEXINGTON KY 40502 | | | October 31, Janu | | , July 31, | PO BOX 5555 MAYBERRY KY 55555 |
| Indicate any name or address changes above. | *PLEASE MAKE A COP | V OF THE | | No. | | Phone: (555) 555-3300 E-Mail: 00 Form SCOC-Q Rev. 1/12/0 |
| indicate any name of address changes above. | PLEASE MAKE A COP | T OF THIS | S FORWI FOR 1 | OUR RECOR | | 99 Tulli 3000-Q Nev. 1/12/0 |
| FI | MAYBERRY CO | | | HHFI D | | |
| *If no w | rages were paid this period | | | | | ang[]]]]] <u>an</u> |
| Total salaries, wages, commissions and other compensation paid to all employees for services | \$ | 6. Balan | ce due | | | \$\$0.00 |
| within THIS County. 2. Employee license fee withheld @ | \$ | 7. Overp | payment to be ci | redited to next | quarter | \$ |
| 3. Credits (attach explanation) | \$ | , | certify that the i | · | chedules, stat | ements and exhibits filed |
| 4. Add interest @ per anum | \$ | l | | | | |
| 5. Add penalty late payment @ per anum | \$ | Title | | | | |
| Employer | Account No | | | R PERIOD EN | 1 | Make checks payable and mail to: |
| JAMES WILSON BURGERMART INC. | 00003 Phone No. | | Month 03 | Day 31 | Year 2003 | MAYBERRY COUNTY, |
| 415 ABBY WAY | (859) 273-981 | 8 | Return Due on or | | | KENTUCKY |
| LEXINGTON KY 40526 | | | October 31, Janu | | | PO BOX 5555 MAYBERRY KY 55555 |
| Indicate any name or address changes above. | *PLEASE MAKE A COP | V OE TUI | Fed. ID | | DS 0000 | Phone: (555) 555-3300 E-Mail: 00 Form SCOC-Q Rev. 1/12/0 |
| indicate any name of address changes above. | I LLAGE MARE A GOI | . 0 | o i okim i ok i | OOK KEOOK | | |
| WAR . | | | | | | |
| | MAYBERRY CO MPLOYER'S RETURN rages were paid this period | OF LICE | NSE FEE WIT | | | |
| *If no w 1. Total salaries, wages, commissions and other | MPLOYER'S RETURN ages were paid this period | OF LICE | NSE FEE WIT ne and return thi | | | \$ \$20.00 |
| Total salaries, wages, commissions and other compensation paid to all employees for services within THIS County. *If no wages, commissions and other compensation paid to all employees for services within THIS County. | MPLOYER'S RETURN ages were paid this period | of LICE! , mark nor 6. Balan | NSE FEE WIT ne and return thi | is form. | : quarter | \$\$20.00 \$ |
| 1. Total salaries, wages, commissions and other compensation paid to all employees for services within THIS County. 2. Employee license fee withheld @ | MPLOYER'S RETURN ages were paid this period \$ \$ | of LICEI , mark nor 6. Balan 7. Overp I hereby | NSE FEE WIT ne and return the ce due eayment to be co | redited to next | | * |
| *If no w 1. Total salaries, wages, commissions and other compensation paid to all employees for services within THIS County. 2. Employee license fee withheld @ 3. Credits (attach explanation) | ## STATES SPECTURN ages were paid this period ## STATES SPECTURN | of LICEI , mark nor 6. Balan 7. Overp I hereby herewith | ne and return the ce due certify that the i are true and co | redited to next | chedules, stat | \$ |
| 1. Total salaries, wages, commissions and other compensation paid to all employees for services within THIS County. 2. Employee license fee withheld @ | ## STATES STATES AND ADDRESS OF THE PROPERTY O | of LICEI , mark nor 6. Balan 7. Overp I hereby herewith | ne and return the ce due certify that the i are true and co | redited to next | chedules, stat | \$ |
| *If no w 1. Total salaries, wages, commissions and other compensation paid to all employees for services within THIS County. 2. Employee license fee withheld @ 3. Credits (attach explanation) 4. Add interest @ per anum | ## STATES SPECTURN ages were paid this period ## STATES SPECTURN | of LICEI, mark nor 6. Balan 7. Overp I hereby herewith Signed Title | ne and return the ce due cartify that the i are true and co | redited to next | chedules, stat | \$ |
| *If no w 1. Total salaries, wages, commissions and other compensation paid to all employees for services within THIS County. 2. Employee license fee withheld @ 3. Credits (attach explanation) 4. Add interest @ per anum 5. Add penalty late payment @ per anum | ## STATES STATES STATES AND ADDRESS OF THE PROPERTY OF THE PRO | of LICEI, mark nor 6. Balan 7. Overp I hereby herewith Signed Title | ne and return the ce due cartify that the i are true and co | redited to next information, so irrect. R PERIOD EN | NDING Year | \$sements and exhibits filed Make checks payable and mail to: |
| 1. Total salaries, wages, commissions and other compensation paid to all employees for services within THIS County. 2. Employee license fee withheld @ 3. Credits (attach explanation) 4. Add interest @ per anum 5. Add penalty late payment @ per anum Employer | ## PLOYER'S RETURN rages were paid this period ### Secount No | of LICEI, mark nor 6. Balan 7. Overp I hereby herewith Signed Title | ne and return the ce due certify that the i are true and co | redited to next information, so irrect. | chedules, stat | \$ tements and exhibits filed Make checks payable |
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| *If no w 1. Total salaries, wages, commissions and other compensation paid to all employees for services within THIS County. 2. Employee license fee withheld @ 3. Credits (attach explanation) 4. Add interest @ per anum 5. Add penalty late payment @ per anum Employer SAMUEL WIGGINGTON, SR. WIGGINGTON FINANCIAL SERVICES 444 N SUMMER ST SUITE 802 LEXINGTON KY 40502 | S Account No 00004 Phone No. (859) 254-639 | of LICEI, mark nor 6. Balan 7. Overp I hereby herewith Signed Title | read return the ce due considered and return the ce due considered and return the ce due considered are true and considered are true and considered and cons | redited to next information, so irrect. R PERIOD EN Day 31 Before April 30 lary 31 No. | NDING Year 2003 | Make checks payable and mail to: MAYBERRY COUNTY, KENTUCKY PO BOX 5555 MAYBERRY KY 55555 Phone: (555) 555-3300 |
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| *If no w 1. Total salaries, wages, commissions and other compensation paid to all employees for services within THIS County. 2. Employee license fee withheld @ 3. Credits (attach explanation) 4. Add interest @ per anum 5. Add penalty late payment @ per anum Employer SAMUEL WIGGINGTON, SR. WIGGINGTON FINANCIAL SERVICES 444 N SUMMER ST SUITE 802 LEXINGTON KY 40502 I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I | *PLEASE MAKE A COP | of LICEI, mark nor 6. Balan 7. Overp I hereby herewith Signed Title OF THIS UNTY, MOF LICEI , mark nor | read return the end r | redited to next redited to next redited to next rect. R PERIOD EN Day 31 Before April 30 ary 31 No. COUR RECOR | NDING Year 2003 | Make checks payable and mail to: MAYBERRY COUNTY, KENTUCKY PO BOX 5555 MAYBERRY KY 55555 Phone: (555) 555-3300 E-Mail: 00 Form SCOC-Q Rev. 1/12/0 |
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