



# MAYBERRY COUNTY, KENTUCKY

## EMPLOYER'S QUARTERLY RETURN OF LICENSE FEES WITHHELD

\*If no wages were paid this quarter mark "NONE" and return this with explanation.



1. NUMBER OF TAXABLE EMPLOYEES	
2. TOTAL SALARIES, WAGES, COMMISSION & OTHER COMPENSATION PAID ALL EMPLOYEES	\$
3. LESS ITEMS NOT SUBJECT TO (Compensations paid for services rendered inside the city of Mayberry and outside Mayberry County)	\$
4. EARNINGS SUBJECT TO LISENCE FEE (LINE 2 MINUS LINE 3)	\$
5. LICENSE FEE DUE FOR QUARTER AT 1%	\$

Mail to: MAYBERRY CO.  
LICENSE FEE OFFICE  
**PO BOX 5555**  
**MAYBERRY KY 55555**  
**MAKE CHECKS PAYABLE TO:**  
**MAYBERRY CO. TREASURER**

FOR QUARTER ENDING		
03	31	2003
DUE ON OR BEFORE		
04	30	2003
Account		
00002		

6. ADJUSTMENTS (EXPLAIN ON REVERSE SIDE)	\$
7. Penalty 10%	\$
8. Interest 1% Per Month	\$
CREDIT BALANCE	\$
<b>9. TOTAL DUE</b>	<b>\$</b>
<b>10. TOTAL PAYMENT DUE WITH THIS RETURN</b>	<b>\$</b>

**Licensee**

**JOHN SMITH**  
**ABC PLUMBING SERVICE**  
**121 S MAIN ST**  
**SUITE 202**  
**LEXINGTON KY 40502**



State on this return if there has been any changes in name, ownership, address, etc. If a "FINAL RETURN" explain on reverse side.

No employees this quarter.  No employees in the future.

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

Date \_\_\_\_\_

Official Title \_\_\_\_\_  
Owner, Partner, Manager, President, Etc..

SIGNED \_\_\_\_\_

PRINT NAME

**CUSTOMER COPY**

**INSTRUCTIONS for PREPARING and FILING FC-Form Q2**

Each employer of one or more persons must withhold the lisence fee 1% from gross salaries, and commissions paid. All employees are subject to the lisence fee, except domestics in the home and ordained ministers of religion, including employees of organizations in a business that is not subject to the license fee.

QUARTERLY RETURN - A quarterly return for all license fees withheld must be filed and the license fee paid by the last day of the month following the close of the calendar quarter. An employer shall be liable to a fine and imprisonment as provided by ordinance for failure to file a return. Interest and penalties are also provided for late filing.

Line 1. Enter number of employees after eliminating those who are not subject.

Line 2. Enter total salaries, wages, commissions, incentive payments, bonuses and other compensation paid all employees during the quarter for which return is prepared. If no salaries, wages, or other compenstion was paid during this quarter, so indicate and file FC-Form Q-2 with explanation.

Line 3. Enter that portion of the compensation paid employees for services rendered inside the city of Mayberry and outside Mayberry County.

Line 4. Represents the difference between Items 2 and 3.

Line 5. Shall be the actual license fee due at the rate of 1%.

**EMPLOYER'S QUARTERLY RETURN OF LICENSE FEES WITHHELD**

1. NUMBER OF TAXABLE EMPLOYEES	
2. TOTAL SALARIES, WAGES, COMMISSION & OTHER COMPENSATION PAID ALL EMPLOYEES	\$
3. LESS ITEMS NOT SUBJECT TO (Compensations paid for services rendered inside the city of Mayberry and outside Mayberry county)	\$
4. EARNINGS SUBJECT TO LISENCE FEE (LINE 2 MINUS LINE 3)	\$
5. LICENSE FEE DUE FOR QUARTER AT 1%	\$

Mail to: MAYBERRY CO.  
LICENSE FEE OFFICE  
**PO BOX 5555**  
**MAYBERRY KY 55555**  
**MAKE CHECKS PAYABLE TO:**  
**MAYBERRY CO. TREASURER**

FOR QUARTER ENDING		
03	31	2003
DUE ON OR BEFORE		
04	30	2003
Account		
00002		

6. ADJUSTMENTS (EXPLAIN ON REVERSE SIDE)	\$
7. Penalty 10%	\$
8. Interest 1% Per Month	\$
CREDIT BALANCE	\$
<b>9. TOTAL DUE</b>	<b>\$</b>
<b>10. TOTAL PAYMENT DUE WITH THIS RETURN</b>	<b>\$</b>

**Licensee**

**JOHN SMITH**  
**ABC PLUMBING SERVICE**  
**121 S MAIN ST**  
**SUITE 202**  
**LEXINGTON KY 40502**

State on this return if there has been any changes in name, ownership, address, etc. If a "FINAL RETURN" explain on reverse side.

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

Date \_\_\_\_\_

Official Title \_\_\_\_\_  
Owner, Partner, Manager, President, Etc..

SIGNED \_\_\_\_\_

PRINT NAME

No employees this quarter.  No employees in the future.

**RETURN WITH PAYMENT**