



MAYBERRY COUNTY, KENTUCKY

EMPLOYER'S QUARTERLY RETURN OF LICENSE FEES WITHHELD

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



1. Total salaries, wages, commissions and other compensation paid to all employees for services within This County. \$ _____

2. Tax Due at - **2.25%** \$ _____

3. Adjustment for preceding quarters (past due balances/underpayments) \$ _____

4. Penalty (per annum) - **5.50%** \$ _____

5. Interest (per annum) - **10.00%** \$ _____

6. Balance Due \$ _____

7. Overpayment to be credited to next quarter \$ _____

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

Signed _____ Date _____

Official Title _____


Licensee

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

Indicate any name or address changes above.

Account Number
00002

Phone Number
(859) 255-1217



FOR PERIOD ENDING

Month	Day	Year
03	31	2003

RETURN DUE ON OR BEFORE:

Month	Day	Year
04	30	2003

Federal ID No. **61-1316647**

Make checks payable and mail to:

MAYBERRY COUNTY, KENTUCKY

PO BOX 5555
MAYBERRY KY 55555

Phone: (555) 555-3300
 Fax: (555) 555-3301
 Email: tax@revenue.com

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

MCOF-Q Rev. 9/27/02



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Signed _____ Date _____

Official Title _____


Licensee

JAMES WILSON
BURGERMART INC.
415 ABBY WAY
LEXINGTON KY 40526

Indicate any name or address changes above.

Account Number
00003

Phone Number
(859) 273-9818



FOR PERIOD ENDING

Month	Day	Year
03	31	2003

RETURN DUE ON OR BEFORE:

Month	Day	Year
04	30	2003

Federal ID No. **61-6248767**

Make checks payable and mail to:

MAYBERRY COUNTY, KENTUCKY

PO BOX 5555
MAYBERRY KY 55555

Phone: (555) 555-3300
 Fax: (555) 555-3301
 Email: tax@revenue.com

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