



CITY/COUNTY REVENUE DEPT EMPLOYER'S RETURN OF LICENSE TAX WITHHELD

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



- 1. Salaries, wages, commissions & other compensation paid all employees for services in This City \$ _____
- 2. Tax Due at - **1.50%** \$ _____
- 3. Adjustment for preceding quarters (past due balances / underpayments) \$ _____
- 4. Penalty (per annum) - **5.50%** \$ _____
- 5. Interest (per annum) - **8.00%** \$ _____
- 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 _____

Official Title _____ Date _____

JAN DOE
JAN'S JEWELLS
1234 DIAMOND PLACE
LEXINGTON KY 40500-0005

Account No.

00011

Phone Number

(859) 859-8598



FOR PERIOD ENDING

Month	Day	Year
03	31	2003

RETURN DUE ON OR BEFORE

Month	Day	Year
04	30	2003

FED ID No. **61-9876543**

Make checks payable and mail to:
CITY/COUNTY REVENUE DEPT
PO BOX 5555
LEXINGTON KY 40555

Phone: **(555) 555-3300**

Fax: **(555) 555-3301**

Email: **tax@revenue.con**

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

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

Indicate any name or address change above.



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

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Signed _____

Official Title _____ Date _____

LEO MILLER
LEO'S WEDDING SHOP
1414 WEDDING SHOP ROAD
LEXINGTON KY 40555

Account No.

00012

Phone Number

(859) 565-5656



FOR PERIOD ENDING

Month	Day	Year
03	31	2003

RETURN DUE ON OR BEFORE

Month	Day	Year
04	30	2003

FED ID No. **61-5552225**

Make checks payable and mail to:
CITY/COUNTY REVENUE DEPT
PO BOX 5555
LEXINGTON KY 40555

Phone: **(555) 555-3300**

Fax: **(555) 555-3301**

Email: **tax@revenue.con**

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- 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 _____

Official Title _____ Date _____

MARK DAVIDS
FISH HUT
4748 MAIN STREET
LEXINGTON KY 40588

Account No.

00015

Phone Number

(555) 555-5858



FOR PERIOD ENDING

Month	Day	Year
03	31	2003

RETURN DUE ON OR BEFORE

Month	Day	Year
04	30	2003

FED ID No. **62-9995555**

Make checks payable and mail to:
CITY/COUNTY REVENUE DEPT
PO BOX 5555
LEXINGTON KY 40555

Phone: **(555) 555-3300**

Fax: **(555) 555-3301**

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