



Individual or Employer's Quarterly Withholding Tax Return

Garrard County Occupational License Fee

Quarterly Payroll Tax

Notice: This form must be returned whether or not you had any employees during this quarter, under ordinance #0-05-01-10-1. Notify Garrard Co Occupational License Fee Tax Administrator of any change in ownership of name and address shown above.

1. NUMBER OF EMPLOYEES	<input type="text"/>
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID	<input type="text"/>
3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF GARRARD CO OCCUPATIONAL	<input type="text"/>
4. TAXABLE EARNINGS (Item 2 minus Item 3)	<input type="text"/>
5. ACTUAL TAX DUE IN QUARTER AT 2.00 %	<input type="text"/>
6. ADJUSTMENTS (PRIOR QUARTER)	<input type="text"/>
7. INTEREST (1% PER MONTH) AFTER DUE DATE	<input type="text"/>
8. PENALTY (5% PER MONTH NOT TO EXCEED 25%)	<input type="text"/>
9. TOTAL TAXES DUE INCLUDING INTEREST & PENALTY	<input type="text"/>

IF NO WAGES WERE PAID THIS QUARTER, MARK "NONE" AND RETURN THIS FORM WITH AN EXPLANATION.

NAME AND ADDRESS OF EMPLOYER:

Vendor #	Qtr / Mth Ending	Due Date

I hereby certify that the information and statements contained herein and any schedules or exhibits are true and correct.

Signed _____ Date _____

Official Title _____ Email Address: _____