

Bath County Fiscal Court  
 19 East Main Street  
 PO Box 39  
 Owingsville, KY 40360

Bath County Fiscal Court  
**EMPLOYER'S QUARTERLY RETURN  
 OF LICENSE FEE WITHHELD**  
 To be filed by April 30th, July 31st, October 31st, and January 31st

ACCOUNT NUMBER: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_  
 TRADE (LINE OF BUSINESS): \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 BUSINESS NAME OR TRADE NAME: \_\_\_\_\_  
 BUSINESS LOCATION (Street Address): \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

<b>PERIOD BEGINNING:</b>	
<b>PERIOD ENDING:</b>	
<b>RETURN DUE:</b>	

**MAKE CHECKS PAYABLE TO:** Bath County Fiscal Court  
 19 East Main Street  
 PO Box 39  
 Owingsville, KY 40360

1.	Gross Salary, Wages, and Other Compensation		
2.	Less Salary, Wages, and Other Compensation not subject to License Fee / Exempt	-	
3.	Net Salary, Wages, and Other Compensation subject to License Fee (Line 1 less Line 2)	=	
4.	Multiply Line 3 by the Occupation License Fee (2.0%)	=	
5.	IF FILED AFTER DUE DATE: 5% per month, not to exceed 25%, minimum \$25 12% per annum	+	
6.	TOTAL PAYMENT DUE	=	
	Check No. ( )		

**ATTACH COPY OF W-2 WITH RETURN ON ANNUAL RETURN ONLY**

*I certify that the information contained herein and any schedules or exhibits attached are correct.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Reconciled By: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:**

- Line 1: Enter the gross amount of salary, wages, and other compensation for the year. Generally, this amount is total compensation.
- Line 2: Enter the gross amount of salary, wages, and other compensation that is not subject to the Occupational License Fee. Generally, this only includes compensation for working time spent outside the physical limits of the Bath County Fiscal Court. Unless clearly apparent on Form W-2, a detailed schedule must be attached to explain any deductions on this line.
- Line 3: Subtract Line 2 from Line 1 and enter the resulting amount.
- Line 4: Multiply Line 3 (Net Salary, Wages, and Other Compensation subject to License Fee) by the current rate of 1.5% and enter the resulting amount.
- Line 5: Enter the amount of penalty and interest if filed after the due date.
- Line 6: Add Line 4 and Line 5. If paying by check, enter the check number in the space provided.
- Other: Individual contact information must be fully completed, including tax period and Occupational License Fee account number. The return must be complete with an authorized signature along with title and date.

**THE FOLLOWING MUST BE ATTACHED:**

- Form(s) W-2 (Submit with annual return only)
- Detailed schedule of Line 2 deductions, if any.