

GRAVES COUNTY FISCAL COURT
EMPLOYER'S RETURN OF LICENSE FEE 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 Graves County \$ _____
- 2. Tax Due at - \$ _____
- 3. Adjustment for preceding quarters (past due balances / underpayments) \$ _____
- 4. Penalty (per annum) - \$ _____
- 5. Interest (per annum) - \$ _____
- 6. BALANCE DUE \$ _____

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

Signed _____

Official Title _____ Date _____

Account No.

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Phone Number

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Indicate any name or address change above.

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

Month	Day	Year

FED ID No. _____

Make checks payable and mail to:

GRAVES COUNTY FISCAL COURT

1102 PARIS RD STE 2

MAYFIELD KY 42066

Phone Number
(270) 247-3626

Form HCOC-Q3 Rev. 9/27/02

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