

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.

Phone Number

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

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

Form HCOC-Q3 Rev. 9/27/02