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 _____

OfficialTitle _____ 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

This form must include
Business Name
Address
Phone Number
Account Number and FEIN

You may call (270) 247-3626 to inquire about your account number.

Thank you!