



HARDIN COUNTY GOVERNMENT

EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

If no wages were paid this period, write "NONE", sign, date and return this form.

- 1. NUMBER OF TAXABLE EMPLOYEES _____
- 2. Salaries, wages, commissions & other compensation paid all employees performing services. \$ _____
- 3. Adjustment for exempt wages (outside Ind. Tax Distr.) \$ _____
- 4. **Taxable Earnings in Ind. Tax District (Line 2 - 3)** \$ _____
- 5. Total License Fee Due (Line 4 X .01) \$ _____
- 6. **Late Filing Penalty- 5.00%month (25% Max) \$25 Min** \$ _____
- 7. Interest- 12.00% per annum OR 1% monthly (fraction of month is counted as entire month) \$ _____

8. BALANCE DUE (total lines 5+6+7) \$ _____

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

Make checks payable and mail to:

Hardin County Treasurer

PO BOX 479
ELIZABETHTOWN KY 42702

Phone Number
(270) 982-8488

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

Form HCOC-Q3 Rev. 9/27/02



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