

WOLFE COUNTY MONTHLY LICENSE FEE RETURN

I hereby certify that the information, schedules, statements, and exhibits filed herewith are true and correct.		Number of employees working in Wolfe County _____	
Signed _____		1. Salaries, wages, commissions & other compensation \$ _____	
Title _____ Date _____		2. Less wages earned outside Wolfe County \$ _____	
___ No activity (Return form even if there was no activity this month)		3. Taxable earnings (Line 1 minus Line 2) \$ _____	
___ Final Return (All taxes have been paid and no future activity is planned)		4. Total Tax (Line 3 x 0.0125) \$ _____	
___ Address change (Please note changes below)		5. Add (+) debit or subtract (-) credit \$ _____	
		6. Shall not be less than \$100 nor more than \$500 \$ _____	
		7. 12% interest \$ _____	
		8. Total due \$ _____	
Account No. _____	FED ID OR SS NO. _____	FOR MONTH ENDING _____	Make checks payable to: Wolfe County Fiscal Court PO Box 429 Campton, KY 41301 606-668-3040
		DUE ON OR BEFORE _____	

THERE WILL BE A \$25.00 FEE FOR RETURNED OR NSF CHECKS

Detach here

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