



Boone County Fiscal Court

www.BooneCountyKy.org
2950 Washington Street
PO Box 960
Burlington, KY 41005
(859) 334-2144 (859) 334-3914 Fax
occllicense@boonecountyky.org

Quarterly Withholding Tax Return for 2016

Name: Account #: \_\_\_\_\_

dba: FEIN/SSN: \_\_\_\_\_

Address: For Quarter Ending: - (Circle Correct Date)

City, State, Zip: 03/31/16 due 05/02/16 09/30/16 due 10/31/16
06/30/16 due 08/01/16 12/31/16 due 01/31/17

Total Gross Earnings of All Employees Working in Boone County [Box]

Boone County Board of Education Tax - 1/2 of 1% (.005)
\*\*\*\*\*No Maximum\*\*\*\*\*

- 1) Gross earnings subject to Boone County Board of Education tax \$
2) Multiply Line 1 - by 1/2 of 1% (.005) \$
3) Late filing and/or Paying Penalty \$
( 5% per month, maximum not to exceed 25%, minimum \$25)
4) Interest Fee (1% per month, 12% per year ) \$
5) Total Board of Education Tax \$

Boone County Ordinance #07-27- 8/10 of 1% (.008)
\*\*\*\*\*Max \$58,727/tax of \$469.82 PER EMPLOYEE\*\*\*\*\*

- 6) Gross earnings subject to Boone County payroll tax \$
7) Multiply Line 6 - by 8/10 of 1% (.008) \$
8) Less any KY or Boone Local Job Assessment Program credit \$
9) Late filing and/or Paying Penalty \$
( 5% per month, maximum not to exceed 25%, minimum \$25)
10) Interest Fee (1% per month, 12% per year ) \$
11) Total Boone County Payroll Tax \$

Boone County Mental Health Tax Ordinance #07-26- 15/100 of 1% (.0015)
\*\*\*\*\*Max \$16,666.00/tax of \$25.00 PER EMPLOYEE\*\*\*\*\*

- 12) Gross earnings subject to Mental Health Payroll tax \$
13) Multiply Line 12 - by 15/100 of 1% (.0015) \$
14) Late filing and/or Paying Penalty \$
( 5% per month, maximum not to exceed 25%, minimum \$25)
15) Interest Fee (1% per month, 12% per year ) \$
16) Total Mental Health Tax \$

Total remittance (add lines 5,11,16) [Box]
Make check payable to: Boone County Fiscal Court \$

Statistical Information-REQUIRED

Total Number of Employees Working in Boone County [Box]

Signed: Date: \_\_\_\_\_

Printed Name: Official Title: \_\_\_\_\_

Tax Form Prepared By: Telephone Number: \_\_\_\_\_

Payroll Processor: E-mail Contact: \_\_\_\_\_

I declare, under the penalties of perjury, that I have examined this document and to the best of my knowledge and belief, this is a true and accurate return.

Please notify in writing, any changes of ownership or new address by completing a Request to Change/Close Occupational License Account which can be found on our website at www.BooneCountyKY.org. If you have any questions please call 859-334-2144 or email: OccLicense@BooneCountyKY.org

Mail your return to:
(PO Box 457, Florence, KY 41022-0457) is for returns WITH PAYMENT and
(PO Box 960, Burlington, KY 41005-0960) is for returns WITHOUT PAYMENT.