



# Boone County Fiscal Court

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

## Quarterly Withholding Tax Return for 2012

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

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

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

City, State, Zip: \_\_\_\_\_

03/31/12 due 04/30/12      09/30/12 due 10/31/12  
06/30/12 due 07/31/12      12/31/12 due 01/31/13

Total **Gross** Earnings of All Employees Working in Boone County

### 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 \$55,594.00/tax of \$444.75 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)   
Make check payable to: Boone County Fiscal Court \$

### Statistical Information-REQUIRED

Total Number of Employees Working in Boone County

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.**