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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 2013

Name:	Account #:		
dba:	FEIN/SSN:		
Address:	For Quarter Ending: - (Circle Correct Date)		
City, State, Zip:	03/31/13 due 04/30/13 06/30/13 due 07/31/13	09/30/13 due 10/31/13 12/31/13 due 01/31/14	
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	<u>,</u>	\$	
Boone County Ordinance #07-27- 8/10 of 1% (.008)			
*****Max \$56,377.00/tax of \$451.01 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%, <u>minimum \$25</u>) 10) Interest Fee (1% per month, 12% per year)	\$		
10) Interest ree (1% per month, 12% per year)11) Total Boone County Payroll Tax	φ	\$	
Boone County Mental Health Tax Ordinance #07-26- 15/100 of *****Max \$16,666.00/tax of \$25.00 PER EMPLOYEE*****	1% (.0015)		
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%, <u>minimum \$25</u>)	¢		
15) Interest Fee (1% per month, 12% per year)16) Total Mental Health Tax	<u></u> \$	\$	
<u> </u>			
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.