



Boone County Fiscal Court

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

Amended Quarterly Withholding Tax Return for 2015

Name: _____ Account #: _____

dba: _____ FEIN/SSN: _____
(please advise if incorrect)

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

City, State, Zip: **03/31/15 due 04/30/15 09/30/15 due 11/02/15**
06/30/15 due 07/31/15 12/31/15 due 02/01/16

	Original	Amended
Total Gross Earnings of All Employees Working in Boone County	\$ _____	\$ _____

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

	Original	Amended	
1) Gross earnings subject to Boone County Board of Education tax	\$ _____	\$ _____	
2) Multiply Line 1 - by 1/2 of 1% (.005)	\$ _____	\$ _____	
3) Interest Fee 1% per month, 12% per year	\$ _____	\$ _____	
4) <i>Less credit for overpayment in prior quarter-attach explanation</i>	\$ _____	\$ _____	
5) Total Board of Education Tax	\$ _____	\$ _____	Difference

Boone County Ordinance #07-27- 8/10 of 1% (.008) *****Max \$58,627.00/tax of \$469.02 PER EMPLOYEE*****

	Original	Amended	
6) Gross earnings subject to Boone County payroll tax	\$ _____	\$ _____	
7) Multiply Line 6 - by 8/10 of 1% (.008)	\$ _____	\$ _____	
8) Interest Fee 1% per month, 12% per year	\$ _____	\$ _____	
9) <i>Less credit for overpayment in prior quarter-attach explanation</i>	\$ _____	\$ _____	
10) <i>Less any KY Job Assessment Program credit</i>	\$ _____	\$ _____	
11) Total Boone County Ordinance Tax	\$ _____	\$ _____	Difference

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

	Original	Amended	
12) Gross earnings subject to Mental Health Payroll tax	\$ _____	\$ _____	
13) Multiply Line 12 by 15/100 of 1% (.0015)	\$ _____	\$ _____	
14) Interest Fee 1% per month, 12% per year	\$ _____	\$ _____	
15) <i>Less credit for overpayment in prior quarter-attach explanation</i>	\$ _____	\$ _____	
16) Total Mental Health Tax	\$ _____	\$ _____	Difference

Total remittance (add lines 5,11,16)

Make check payable to: Boone County Fiscal Court

Payment	Credit to MM/YY or Refund
---------	---------------------------

If the amended return results in a overpayment you can request the amount to be a credited to another quarter or will be refunded after year end processing.

Statistical Information-REQUIRED

Total Number of Employees Working in Boone County

Signed: _____ Date: _____

Official Title: _____ Telephone Number: _____

Tax Form Prepared By: _____

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 @ www.BooneCountyKY.org. If you have any questions please call 859-334-2144 or email OccLicense@BooneCountyKY.org

Make check payable to: Boone County Fiscal Court
Mail your return to:
(PO Box 457, Florence, KY 41022-0457) are for returns WITH PAYMENT and
(PO Box 960, Burlington, KY 41005-0960) are for returns WITHOUT PAYMENT