



# 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 2016

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

dba: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_  
(please advise if incorrect)

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

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

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

	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	\$ _____	\$ _____	<b>Difference</b>

### Boone County Ordinance #07-27- 8/10 of 1% (.008) \*\*\*\*\*Max \$58,727.00/tax of \$469.82 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	\$ _____	\$ _____	<b>Difference</b>

### 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	\$ _____	\$ _____	<b>Difference</b>

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 you can request a refund 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**