



Boone County Fiscal Court

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

Quarterly Withholding Tax Return for 2021- TIF District

*****This form is only to be used by companies in the Park South at Richwood Development and 10050 Norbotten Dr Area *****

Name: _____ Account #: _____

dba: _____ FEIN/SSN: _____

*****Quarterly wage detail required*****

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

03/31/21 due 04/30/21 09/30/21 due 11/01/21
06/30/21 due 08/02/21 12/31/21 due 01/31/22

City, State, Zip: _____

Total gross compensation earned 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) Total Board of Education Tax \$ _____
- 4) Late fee penalty 5% per month, maximum not to exceed 25%. **MINIMUM \$25** \$ _____

Boone County Ordinance #07-27- 8/10 of 1% (.008)

*****Max \$63,758.00/tax of \$510.07 PER EMPLOYEE*****

- 5) Gross earnings subject to Boone County payroll tax \$ _____
- 6) Multiply Line 5 by 8/10 of 1% (.008) \$ _____
- 7) *Less any KY Job Assessment Program credit* \$ _____
- 8) Total Boone County Ordinance Tax \$ _____
- 9) Late fee penalty 5% per month, maximum not to exceed 25%. **MINIMUM \$25** \$ _____

Boone County TIF - 2%

*****No Maximum***** **SUBMIT WAGE DETAIL WITH RETURN*******

- 10) Gross Earnings subject to TIF Tax \$ _____
- 11) Tax due as calculated on wage detail \$ _____
- 12) Total TIF Tax \$ _____
- 13) Late fee penalty 5% per month, maximum not to exceed 25%. **MINIMUM \$25** \$ _____

Boone County Mental Health Tax Ordinance #07-26- 15/100 of 1% (.0015)

*****Max \$16,666.00/tax of \$25.00 PER EMPLOYEE*****

- 14) Gross earnings subject to Mental Health Payroll tax \$ _____
- 15) Multiply Line 14 by 15/100 of 1% (.0015) \$ _____
- 16) Total Mental Health Tax \$ _____
- 17) Late fee penalty 5% per month, maximum not to exceed 25%. **MINIMUM \$25** \$ _____

18) Interest fee 1% per month, 12% per year ((3+8+12+16)*%) \$ _____

Total remittance (add lines 3,4,8,9,12,13,16,17,18)

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: _____

E-mail Address

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

Mail your return to: Boone County Fiscal Court PO Box 457 Florence, KY 41022-0457