

**JESSAMINE COUNTY OCCUPATIONAL TAX
EMPLOYERS' RETURN OF LICENSE FEE WITHHELD**

FORM JCOT 1

IF NO WAGES WERE PAID THIS PERIOD, MARK "NONE", SIGN AND RETURN THIS FORM

- | | |
|---|---------|
| 1. Total salaries, wages, commissions and other compensation paid to all employees for services within Jessamine County | 1 _____ |
| 2. Tax due this period at 1% (Line 1 x 1%) | 2 _____ |
| 3. Adjustment for preceding quarters Credit/Balance Due | 3 _____ |
| 4. Penalty for late filing/payment
5% per month not to exceed 25%
\$25.00 minimum | 4 _____ |
| 5. Interest 12 % per annum | 5 _____ |

Licensee : Indicate any changes/corrections below

Federal I.d.

Account No.

- | | |
|---|---------|
| 6. Balance Due | 6 _____ |
| 7. Overpayment credited to next quarter | 7 _____ |

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____ Date _____

Title _____ Ph. No. _____

For Office Use Only
Received

Check No.

Amount

Make Checks Payable to:
Jessamine County Fiscal Court

Mail To:
Occupational Tax Office
105 Court Row, Nicholasville, KY 40356
Ph. (859) 885-3206
Fax (859) 887-0900

For Period End Date:

**Filing quarterly: Due dates are April 30, July 31,
October 31 and January 31
Filing Annually: Due Date is February 28**

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