

**MCCRACKEN COUNTY TAX ADMINISTRATOR**  
**EMPLOYER'S QUARTERLY RETURN OF LICENSE FEE WITHHELD**  
If no wages were paid this period, mark "NONE" and return this form

- |  |          |
|--|----------|
| 1. Total earnings paid all employees in quarter within McCracken County. | \$ _____ |
| 2. Less earnings for work or services rendered in City of Paducah only.  | \$ _____ |
| 3. Taxable Balance - Line 1 Less Line 2                                  | \$ _____ |
| 4. <b>TAX DUE AT: 1.00%</b>  | \$ _____ |
| 5. Penalty per calendar month <b>5.00%</b> (not less than \$25.00)       | \$ _____ |
| 6. Interest (per month) 1.00%  | \$ _____ |
| 7. <b>BALANCE DUE</b>  | \$ _____ |

Number of Taxable Employees \_\_\_\_\_

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

Signed \_\_\_\_\_

Official Title \_\_\_\_\_ Date \_\_\_\_\_

Account No.

**FOR PERIOD ENDING**

Month	Day	Year

**RETURN DUE ON OR BEFORE**

Month	Day	Year

FED ID No.

Make check payable and mail to:

**MCCRACKEN COUNTY TAX ADMINISTRATOR**

**P O BOX 2658**

**PADUCAH KY 42002-2658**

Phone: (270) 444-4722

Fax: (270) 444-4737

Indicate any name or address change above.

**\*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.**

Form OCC-3PT Rev. 1/22/2010