COUNTY CLERK’S CLAIM FOR PREPARING TAX BILLS

Clerk: TIM YORK
County: MARSHALL
Address: 1101 MAIN ST, BENTON, KY 42025

Voucher No: ...........................................
Account No: ...........................................
Disburse: $ ...........................................
For Year: 20 ...........................................

NOTE: Submit two copies with copy of the Sheriff’s Official Receipt for Preparing Tax Bills, Revenue Form 62A385, to the Department of Revenue, Office of Property Valuation, P.O. Box 1202, Frankfort, Kentucky 40602-1202.

Total number of tax bills prepared: .................................................. 23,325 @30¢ each: $ ...........................................

TOTAL: ........................................................................ $ 6,997.50

One-half to be paid by Commonwealth of Kentucky (1/2 of TOTAL above): ........................................... $ 3,498.75

Official certification: ........................................................................... + 1.50

TOTAL (to be paid by Commonwealth of Kentucky): ........................................... $ 3,500.25

I certify that services were rendered by me for which I am entitled to the compensation stated above; that I have not received any of this compensation from the state.

I further certify that the order for the MARSHALL Fiscal Court, allowing the county clerk’s claim, entered on Order Book ______, Page ______, authorized the payment of $ 3,498.75 as the county’s share of the clerk’s compensation for making tax bills as set out in KRS 133.240.

Clerk: .................................................. County: ...........................................

Subscribed and sworn to before me by ........................................................................... this ______ day of __________, 20____.

My commission expires: ...........................................................................

Signature: ........................................... Title: ...........................................

Approved for $ ...........................................

Date: ...........................................

Authorized Agent: ...........................................................................