

| MARSHALL COUNTY, KY OCCUPATIONAL LICENSE TAX  |             |   |  |
|---|-------------|---|--|
| EMPLOYER'S RETURN OF OCCUPATIONAL TAX WITHHELD - Form OCC-3PT Rev. 12/01/13   |             |   |  |
| 1. - Salaries, wages, commissions & other compensation paid all employees for services in Marshall County - If no wages were paid this period, mark "none" and return this form | \$          | FOR QUARTER ENDING                      |  |
| 2. - Tax Due @ 1 percent (1%)   | \$          | Month                                   | Day Year   |
| 3. - Penalty (5% of Line 2 for each month or fraction thereof past due. Maximum penalty 25%. Minimum penalty \$25)  | \$          | 3                                       | 31   |
| 4. - Interest (12% per annum of Line 2 from due date until paid)  | \$          | RETURN DUE ON OR BEFORE                 |  |
| 5. - Balance Due (Penalty & Interest must be included if due)   | \$          | Month                                   | Day Year   |
| Employer name and address   | Account No. | Phone: (270)527-4725                    | 4 30   |
|   |             |   | Email: occtax@marshallcountky.gov  |
|   |             | <b>Make checks payable and mail to:</b> | <b>Marshall Co. Occupational License Tax<br/>PO Box 114<br/>Benton, KY 42025</b> |

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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| 2. - Tax Due @ 1 percent (1%)   | \$          | Month                                   | Day Year   |
| 3. - Penalty (5% of Line 2 for each month or fraction thereof past due. Maximum penalty 25%. Minimum penalty \$25)  | \$          | 6                                       | 30   |
| 4. - Interest (12% per annum of Line 2 from due date until paid)  | \$          | RETURN DUE ON OR BEFORE                 |  |
| 5. - Balance Due (Penalty & Interest must be included if due)   | \$          | Month                                   | Day Year   |
| Employer name and address   | Account No. | Phone: (270)527-4725                    | 7 31   |
|   |             | Fax: (270)527-3194                      | Email: occtax@marshallcountky.gov  |
|   |             | <b>Make checks payable and mail to:</b> | <b>Marshall Co. Occupational License Tax<br/>PO Box 114<br/>Benton, KY 42025</b> |

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| 3. - Penalty (5% of Line 2 for each month or fraction thereof past due. Maximum penalty 25%. Minimum penalty \$25)  | \$          | 12   | 31  |
| 4. - Interest (12% per annum of Line 2 from due date until paid)  | \$          | RETURN DUE ON OR BEFORE  |     |
| 5. - Balance Due (Penalty & Interest must be included if due)   | \$          | Month  | Day |
| Employer name and address   | Account No. | 1  | 31  |
|   |             | Email: occtax@marshallcountyky.gov   |     |
|   |             | <b>Marshall Co. Occupational License Tax</b><br><b>PO Box 114</b><br><b>Benton, KY 42025</b> |     |
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Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

|  |
|--|
| <b>MARSHALL COUNTY OCCUPATIONAL TAX<br/>RECONCILIATION OF LICENSE FEE WITHHELD</b> |
|--|

Instructions: Enter under TOTAL PAYROLL the quarterly total of all employee's compensation for services within Marshall County. All compensation, i.e.. Vacation, Sick and Holiday pay is to be included in the payroll totals.

For Calendar Year Ending December 31, \_\_\_\_\_

|   |    |        |    |
|---|----|--------|----|
| 1st Quarter ended Mar. 31 Gross Wages for Marshall County   | \$ | X 1% = | \$ |
| 2nd Quarter ended June 30 Gross Wages for Marshall County   | \$ | X 1% = | \$ |
| 3rd Quarter ended Sept. 31 Gross Wages for Marshall County  | \$ | X 1% = | \$ |
| 4th Quarter ended Dec. 31 Gross Wages for Marshall County   | \$ | X 1% = | \$ |
| <b>TOTAL ALL QUARTERS</b> .....   | \$ | X 1% = | \$ |
| Actual withholding payment made quarterly on Occupational Tax Form                                  |    |        | \$ |
| Line 5 less line 6 (Difference due is to be paid with the exception of differences due to rounding) |    |        | \$ |

Number of employees \_\_\_\_\_

|   |  |
|---|--|
| Be Completed and Returned by February 28. | A copy of W2's or wage listing is required to be attached. |
|---|--|

|                           |             |
|---------------------------|-------------|
| Employer name and address | Account NO. |
|                           |             |
| Email Address             |             |
| Federal ID#               |             |
| Phone Number              |             |

|   |  |
|---|--|
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Signature \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_