

HOPKINS COUNTY, KENTUCKY
Employers License Fee Withheld Year End Return

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|---|----------------------|
| 1. Total Earnings Paid All Employees _____ | Account Number _____ |
| 2. Earnings for Services Outside Hopkins County _____ | |
| 3. Earnings Subject to License Fee (Item 1 less Item 2) _____ | |
| 4. Actual Fee Withheld .5% (.005) _____ | |
| 5. Adjustments from Prior Periods _____ | |
| 6. Interest (1% per month after due date) _____ | |
| 7. Penalty (5% Per Month-Maximum 25%, Minimum \$25) _____ | |
| 8. Total Due Including Interest and Penalty _____ | |

Mail Payment to:
Hopkins County Fiscal Court
Attn: Tax Administrator
P O Box 690
Madisonville, KY 42431

For Year Ending December 31, _____
Federal ID Number _____

Received	
Amount	
Check #	

Reconciliation of Hopkins County License Fee Withheld for the Calendar Year is Required.
For 10 or less employees, use the space provided below or furnish copies of employee's W-2.
Larger employers may file on a separate form using the format below or furnish W-2 copies.

Social Security Number	Employee Name	Gross Wages	Taxable Wages	Occupational Tax Withheld

Completed Form Due January 31st

Monthly Filers Complete Below:
Total Remitted For the Month Ended

January 31 _____	July 31 _____
February 28 _____	August 31 _____
March 31 _____	September 30 _____
April 30 _____	October 31 _____
May 31 _____	November 30 _____
June 30 _____	December 31 _____
Total Remitted _____	

Quarterly Filers Complete Below:
Total Remitted for the Quarter Ended

March 31 _____
June 30 _____
September 30 _____
December 31 _____
Total Remitted _____

Licensee Name _____
Address _____
City _____ State _____ Zip _____

Signature
Date _____