WOODFORD COUNTY TAX ADMINISTRATOR EMPLOYER'S RETURN OF LICENSE FEE WITHHELD *If no wages were paid this period, mark none and return this form.								
1.	Salaries, wages, commissions, & other compensation paid all employees for services in Woodford County	\$		7. Overpa	ayment to be c	redited to next	quarter	\$
2.	Tax Due @ 1.50%	\$		I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.				
3.	Adjustment for preceding quarters (past due balances/underpayments). Explain on back of form.	\$						
4.	Interest (per annum) @ 12.00%	\$		Signed				
5.	Penalty (5% per month) Min \$25; Max 25%	\$						
6.	BALANCE DUE	\$		Title	Date			
	Account No						Make checks payable	
					Month	Day	Year	and mail to: WOODFORD COUNTY TAX
			Phone No.	J				ADMINISTRATOR
					RETURN DUE ON OR BEFORE  103 SOUTH MAIN ST ROOM 201			
					Month	Day	Year	VERSAILLES KY 40383
	F	ed. ID No.						Phone: (859) 873-5701 Fax: (859) 873-0196

Indicate any name or address changes above.

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

W. CO. Rev. 8/1/23