



**GRANT COUNTY FISCAL COURT
EMPLOYER'S RETURN OF GRANT COUNTY OCCUPATIONAL TAX**



*If no wages were paid this period, mark none and return this form.

- 1. Total salaries, wages, and other compensation paid to all employees for services within Grant County. \$ _____
- 2. Tax Due at 1.5% \$ _____
- 3. Add late interest @ 12% per annum \$ _____
- 4. Add late penalty @ 5%/Month \$ _____

5. Balance due \$ _____

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

Signed _____

Title _____

Employer

Account No.

Phone No.



FOR PERIOD ENDING

| Month | Day | Year |
|-------|-----|------|
| | | |

Due By:

Fed. ID No.

Make checks payable and mail to:

Grant County Fiscal Court

101 N. MAIN STREET
WILLIAMSTOWN KY 41097
Phone: (859) 823-7561

Indicate any name or address changes above.

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

Form SCOC-Q Rev. 1/12/01