

**GRANT COUNTY**  
**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