



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 2.0% \$ _____

3.Add late interest@ 12% per annum \$ _____

4.Add late penalty @ 5%/Month \$ _____

5. Balance due \$ _____

If adjustments from previous quarters need to be made, please contact our office.

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

Signed _____

Title _____

Employer

Account No.

Phone No.

Fed. ID No.

FOR QUARTER ENDING

Month	Day	Year

Return due on or before April 30, July 31, October 31, January 31st.

Make checks payable and mail to:

Grant County Fiscal Court

**101 N. MAIN STREET STE 3
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. 1/1201