



MCLEAN COUNTY TAX ADMINISTRATOR

EMPLOYER'S QUARTERLY RETURN OF LICENSE TAX WITHHELD



If no wages were paid this period, mark "NONE", sign and return this form

1. Salaries, wages, commission & any compensation
paid all employees for services in McLean County _____
2. **TAX DUE AT - 1.00%** _____
3. **LATE CHARGE PENALTY - 5% OR \$25.00 MINIMUM** _____
4. **LATE CHARGE INTEREST - 1% PER MONTH** _____
5. BALANCE DUE _____

DID YOUR BUSINESS ACTIVITY CEASE IN MCLEAN COUNTY?

YES _____ NO _____

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

Signed _____

Official Title _____ Date _____

Account No.

FOR PERIOD ENDING

Month	Day	Year

RETURN DUE ON OR BEFORE

Month	Day	Year

Make checks payable and mail to:

MCLEAN COUNTY TAX ADMINISTRATOR
P.O. BOX 128
CALHOUN KY 42327

Phone: (270) 273-9170
WWW.MCLEANCOUNTY.KY.GOV
Email: jedmonds@mcleanky.com

Indicate any name or address change above

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.