

**ESTILL COUNTY TAX ADMINISTRATOR
EMPLOYER'S RETURN OF PAYROLL TAX WITHHELD**



1. Salaries, wages, commissions & other compensation paid all employees for services in This County \$ _____
2. Tax Due at - 2.00 % \$ _____
3. Adjustment for preceding quarters (past due balances / underpayments) \$ _____
4. Penalty (per month) -5.00% Minimum - \$25.00 \$ _____
5. Interest (per annum) 12.00% \$ _____
6. BALANCE DUE \$ _____



7. Overpayment to be credited to next quarter \$ _____

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

Signed _____

Official Title _____ Date _____

Account No.

Phone Number

FOR PERIOD ENDING		
Month	Day	Year
03	31	2023

RETURN DUE ON OR BEFORE		
Month	Day	Year
04	30	2023

FED ID No _____

Make checks payable and mail to:

ESTILL COUNTY FISCAL COURT
130 MAIN STREET ROOM 101
IRVINE KY 40336
(606) 723-7524

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

Form HCOC-Q3 Rev. 9/27/02

*INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS

**ESTILL COUNTY TAX ADMINISTRATOR
EMPLOYER'S RETURN OF PAYROLL TAX WITHHELD**



1. Salaries, wages, commissions & other compensation paid all employees for services in This County \$ _____
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Signed _____

Official Title _____ Date _____

Account No.

Phone Number

FOR PERIOD ENDING		
Month	Day	Year
06	30	2023

RETURN DUE ON OR BEFORE		
Month	Day	Year
07	31	2023

FED ID No _____

Make checks payable and mail to:

ESTILL COUNTY FISCAL COURT
130 MAIN STREET ROOM 101
IRVINE KY 40336
(606) 723-7524

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EMPLOYER'S RETURN OF PAYROLL TAX WITHHELD**



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Signed _____

Official Title _____ Date _____

Account No.

Phone Number

FOR PERIOD ENDING		
Month	Day	Year
09	30	2023

RETURN DUE ON OR BEFORE		
Month	Day	Year
10	31	2023

FED ID No _____

Make checks payable and mail to:

ESTILL COUNTY FISCAL COURT
130 MAIN STREET ROOM 101
IRVINE KY 40336
(606) 723-7524

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ESTILL COUNTY TAX ADMINISTRATOR

EMPLOYER'S RETURN OF PAYROLL TAX WITHHELD



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Signed _____

Official Title _____ Date _____

Account No.

EDUCATION PAYS

Phone Number

FOR PERIOD ENDING		
Month	Day	Year
12	31	2023

RETURN DUE ON OR BEFORE		
Month	Day	Year
01	31	2024

FED ID No. _____

Make checks payable and mail to:

ESTILL COUNTY FISCAL COURT

130 MAIN STREET ROOM 101
IRVINE KY 40336

(606) 723-7524

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