

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 month \$ _____

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
01	31	2024

RETURN DUE ON OR BEFORE

Month	Day	Year
02	15	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

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

*INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS

Form HCOC-Q3 Rev. 9/27/02

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



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Account No. _____



Phone Number _____

FOR PERIOD ENDING

Month	Day	Year
02	29	2024

RETURN DUE ON OR BEFORE

Month	Day	Year
03	15	2024

FED ID No. _____

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Month	Day	Year
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Phone Number

FOR PERIOD ENDING

Month	Day	Year
04	30	2024

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Month	Day	Year
05	15	2024

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Phone Number

FOR PERIOD ENDING

Month	Day	Year
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RETURN DUE ON OR BEFORE

Month	Day	Year
06	15	2024

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