

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
07	31	2024

RETURN DUE ON OR BEFORE

Month	Day	Year
08	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

Form HCOC-Q3 Rev. 9/27/02

\*INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

\*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS

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Signed \_\_\_\_\_

Official Title \_\_\_\_\_ Date \_\_\_\_\_

Account No.

DC Elevator

2214 RICHMOND RTD  
IRVINE KY 40336



Phone Number \_\_\_\_\_

FOR PERIOD ENDING

Month	Day	Year
08	31	2024

RETURN DUE ON OR BEFORE

Month	Day	Year
09	15	2024

FED ID No. \_\_\_\_\_

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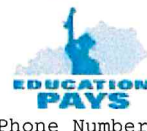
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Account No.



Phone Number \_\_\_\_\_

FOR PERIOD ENDING

Month	Day	Year
09	30	2024

RETURN DUE ON OR BEFORE

Month	Day	Year
10	15	2024

FED ID No. \_\_\_\_\_

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**Account No.**



Phone Number

**FOR PERIOD ENDING**

Month	Day	Year
10	31	2024

**RETURN DUE ON OR BEFORE**

Month	Day	Year
11	15	2024

FED ID No. \_\_\_\_\_

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Official Title \_\_\_\_\_ Date \_\_\_\_\_

**Account No.**



Phone Number

**FOR PERIOD ENDING**

Month	Day	Year
11	30	2024

**RETURN DUE ON OR BEFORE**

Month	Day	Year
12	15	2024

FED ID No. \_\_\_\_\_

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Phone Number

**FOR PERIOD ENDING**

Month	Day	Year
12	31	2024

**RETURN DUE ON OR BEFORE**

Month	Day	Year
01	15	2025

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