

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

(606) 723-4074

FOR PERIOD ENDING

Month	Day	Year
03	31	2024

RETURN DUE ON OR BEFORE

Month	Day	Year
04	30	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

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



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Official Title _____ Date _____

Account No.



Phone Number

FOR PERIOD ENDING

Month	Day	Year
06	30	2024

RETURN DUE ON OR BEFORE

Month	Day	Year
07	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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Signed _____

Official Title _____ Date _____

Account No.



Phone Number

FOR PERIOD ENDING

Month	Day	Year
09	30	2024

RETURN DUE ON OR BEFORE

Month	Day	Year
10	31	2024

FED ID No.

Make checks payable and mail to:

ESTILL COUNTY FISCAL COURT

130 MAIN STREET ROOM 101
IRVINE KY 40336

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Official Title _____ Date _____

Account No.



Phone Number

FOR PERIOD ENDING

Month	Day	Year
12	31	2024

RETURN DUE ON OR BEFORE

Month	Day	Year
01	31	2025

FED ID No.

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