

**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 _____

OfficialTitle _____ Date _____

Business Name _____ **Account No.** _____

Phone Number () _____



FOR PERIOD ENDING		
Month	Day	Year
01	31	2025
RETURN DUE ON OR BEFORE		
Month	Day	Year
02	15	2025

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**



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 _____

OfficialTitle _____ Date _____

Account No. _____

Phone Number () _____



FOR PERIOD ENDING		
Month	Day	Year
02	28	2025
RETURN DUE ON OR BEFORE		
Month	Day	Year
03	15	2025

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**



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 _____

OfficialTitle _____ Date _____

Account No. _____

Phone Number () _____



FOR PERIOD ENDING		
Month	Day	Year
03	31	2025
RETURN DUE ON OR BEFORE		
Month	Day	Year
04	15	2025

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**



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 _____

OfficialTitle _____ Date _____

Account No.

Phone Number
()

FOR PERIOD ENDING		
Month	Day	Year
04	30	2025
RETURN DUE ON OR BEFORE		
Month	Day	Year
05	15	2025

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**



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 _____

OfficialTitle _____ Date _____

Account No.

Phone Number
()

FOR PERIOD ENDING		
Month	Day	Year
05	31	2025
RETURN DUE ON OR BEFORE		
Month	Day	Year
06	15	2025

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**



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 _____

OfficialTitle _____ Date _____

Account No.

Phone Number
()

FOR PERIOD ENDING		
Month	Day	Year
06	30	2025
RETURN DUE ON OR BEFORE		
Month	Day	Year
07	15	2025

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**



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 _____

OfficialTitle _____ Date _____

Account No.

Phone Number
()

FOR PERIOD ENDING		
Month	Day	Year
07	31	2025
RETURN DUE ON OR BEFORE		
Month	Day	Year
08	15	2025

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**



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 _____

OfficialTitle _____ Date _____

Account No.

Phone Number
()

FOR PERIOD ENDING		
Month	Day	Year
08	31	2025
RETURN DUE ON OR BEFORE		
Month	Day	Year
09	15	2025

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**



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 _____

OfficialTitle _____ Date _____

Account No.

Phone Number
()

FOR PERIOD ENDING		
Month	Day	Year
09	30	2025
RETURN DUE ON OR BEFORE		
Month	Day	Year
10	15	2025

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**



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 _____

OfficialTitle _____ Date _____

Account No.

Phone Number

() 723-4368

FOR PERIOD ENDING		
Month	Day	Year
10	31	2025
RETURN DUE ON OR BEFORE		
Month	Day	Year
11	15	2025

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**



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 _____

OfficialTitle _____ Date _____

Account No.

Phone Number

()

FOR PERIOD ENDING		
Month	Day	Year
11	30	2025
RETURN DUE ON OR BEFORE		
Month	Day	Year
12	15	2025

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**



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 _____

OfficialTitle _____ Date _____

Account No.

Phone Number

()

FOR PERIOD ENDING		
Month	Day	Year
12	31	2025
RETURN DUE ON OR BEFORE		
Month	Day	Year
01	15	2026

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