		AX ADMINISTRATOR PAYROLL TAX WITHHELD					
Salaries, wages, commissions & other compensa paid all employees for services in This County	s	7. Overpayment to be credited to next quarter	er \$				
<ol> <li>2. Tax Due at - 2.00 %</li> <li>3. Adjustment for preceding quarters (past du balances / underpayments)</li> <li>4. Penalty (per month) -5.00% Minimum - \$25.00</li> </ol>	\$ \$ \$	I hereby certify that the information, schedule herewith are true and correct. Signed					
<ul> <li>5 Interest (per annum) -12.00%</li> <li>6 BALANCE DUE</li> </ul>	\$\$ \$	OfficialTitle	Date				
	Phone Number	FOR PERIOD ENDINGMonthDayYear03312025RETURN DUE ON OR BEFOREMonthDayYear04302025	Make checks payable and mail to: ESTILL COUNTY FISCAL COURT 130 MAIN STREET ROOM 101 IRVINE KY 40336				
	( )	FED ID No.86-0843596	(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 ESTILL COUNTY TAX ADMINISTRATOR							
		PAYROLL TAX WITHHELD					
1. Salaries, wages, commissions & other compensa paid all employees for services in This County	ation \$	7. Overpayment to be credited to next quarter	er \$				
<ol> <li>2. Tax Due at - 2.00 %</li> <li>3. Adjustment for preceding quarters (past du balances / underpayments)</li> <li>4. Penalty (per month) -5.00% Minimum - \$25.00</li> </ol>	e	I hereby certify that the information, schedule herewith are true and correct.					
5. Interest (per annum) -12.00%	\$	OfficialTitle					
6. BALANCE DUE	Account No. 00109	FOR PERIOD ENDINGMonthDayYear06302025RETURN DUE ON OR BEFOREMonthDayYear07312025	Make checks payable and mail to: ESTILL COUNTY FISCAL COURT 130 MAIN STREET ROOM 101 IRVINE KY 40336				
	( )	FED ID No. 86-0843596	(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 ESTILL COUNTY TAX ADMINISTRATOR							
		PAYROLL TAX WITHHELD					
1. Salaries, wages, commissions & other compensation paid all employees for services in This County	ation \$	7. Overpayment to be credited to next quarter	er \$				
2. Tax Due at - 2.00 % 3. Adjustment for preceding quarters (past du		I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.					
balances / underpayments)	\$ e \$		es, statements and exhibits filed				
4. Penalty (per month) -5.00% Minimum - \$25.00	•						
<ul> <li>4. Penalty (per month) -5.00% Minimum - \$25.00</li> <li>5. Interest (per annum) -12.00%</li> </ul>	e \$	herewith are true and correct.	Date				
<ul> <li>4. Penalty (per month) -5.00% Minimum - \$25.00</li> <li>5. Interest (per annum) -12.00%</li> <li>6. BALANCE DUE</li> </ul>	e \$	herewith are true and correct. Signed OfficialTitle FOR PERIOD ENDING Month Day Year 09 30 2025 RETURN DUE ON OR BEFORE	Date Make checks payable and mail to:				
<ul> <li>4. Penalty (per month) -5.00% Minimum - \$25.00</li> <li>5. Interest (per annum) -12.00%</li> <li>6. BALANCE DUE</li> </ul>	e \$ \$ \$ \$	herewith are true and correct. Signed OfficialTitle FOR PERIOD ENDING Month Day Year 09 30 2025	Date Make checks payable and mail to: ESTILL COUNTY FISCAL COURT				

If no wages were paid this period, mark "NONE" and return this form \*INDICATE ANY NAME OR ADDRESS CHANGE ABOVE

Form HCOC-Q3 Rev. 9/27/02

\*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	ion \$	7. Overpayment	t to be credited	d to next quart	er \$			
<ol> <li>Tax Due at - 2.00 %</li> <li>Adjustment for preceding quarters (past due balances / underpayments)</li> </ol>	\$ \$	I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.						
4. Penalty (per month) -5.00% Minimum - \$25.00	\$	_ Signed						
<ul> <li><sup>5</sup> Interest (per annum) 12.00%</li> <li><sup>6</sup> BALANCE DUE</li> </ul>	\$\$	OfficialTitle			Date			
Account No.		FOR PERIOD ENDING		Make checks payable and mail				
		Month	Day	Year	to:			
		12	31	2025	ESTILL COUNTY FISCAL COURT			
		RETURN DUE ON OR BEFORE						
		Month	Day	Year	130 MAIN STREET ROOM 101			
Huluhhlihunhluhihlihli	Phone Number	01	31	2026	IRVINE KY 40336			
	( )	FED ID No.86-0843596			(606) 723-7524			
The second second mail this manifed mark	Form HCOC-Q3 Rev. 9/27/02							

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