

**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) - \_\_\_\_\_

FOR PERIOD ENDING		
Month	Day	Year
03	31	2026
RETURN DUE ON OR BEFORE		
Month	Day	Year
04	30	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

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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Signed \_\_\_\_\_

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

**Account No.**



Phone Number

(606) - \_\_\_\_\_

FOR PERIOD ENDING		
Month	Day	Year
06	30	2026
RETURN DUE ON OR BEFORE		
Month	Day	Year
07	31	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

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Signed \_\_\_\_\_

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

**Account No.**



Phone Number

(606) - \_\_\_\_\_

FOR PERIOD ENDING		
Month	Day	Year
09	30	2026
RETURN DUE ON OR BEFORE		
Month	Day	Year
10	31	2026

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

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**ESTILL COUNTY FISCAL COURT**  
130 MAIN STREET ROOM 101  
IRVINE KY 40336  
(606) 723-7524

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# ESTILL COUNTY TAX ADMINISTRATOR

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Signed \_\_\_\_\_

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

**Account No.**



Phone Number

(606) -

FOR PERIOD ENDING		
Month	Day	Year
12	31	2026

RETURN DUE ON OR BEFORE		
Month	Day	Year
01	31	2027

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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