

<b>HANCOCK COUNTY TAX ADMINISTRATOR</b> <b>Form W-1 EMPLOYER'S QUARTERLY RETURN OF LICENSE FEES WITHHELD</b>			
1. NUMBER OF TAXABLE EMPLOYEES	Residents	Non-Residents	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">           Mail to: HANCOCK COUNTY TAX ADMINISTRATOR            P O BOX 416            HAWESVILLE KY 42348  <b>MAKE CHECKS PAYABLE TO:</b>  <b>STACY BOZARTH, HANCOCK CO TAX ADMINISTRATOR</b> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>FOR QUARTER ENDING</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>DUE ON OR BEFORE</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>Account #</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 5px;"> <b>Federal ID #</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div>
2. TOTAL SALARIES, WAGES, COMMISSION & OTHER COMPENSATION PAID ALL EMPLOYEES	\$		6. Interest abd Penalty (see instructions) \$ 7. Total Amount Due (Line 5 plus Line 6) \$
3. Amount of line 2 earned outside Hancock County	\$		<input type="checkbox"/> No employees this quarter. EXPLAIN <input type="checkbox"/> No employees in the future. EXPLAIN
4. Amount of Salaries, wages, commissions, etc., earned in Hancock Co. subject to tax, see instructions.	\$		I hereby certify that the information, schedules, statements and exhibits filed herewith, are true and correct.  Date _____  Official Title _____ Owner, Partner, Manager, President, Etc..  SIGNED _____  PRINT NAME _____
5. Tax withheld in quarter at County rate 1.60%	\$		
Licensee          <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             State on this return if there has been any changes in name, ownership, address, etc. If a "FINAL RETURN" explain on reverse side.           </div>			

**CUSTOMER COPY**

### INSTRUCTIONS for PREPARING and FILING Form W-1

Each person, firm, organization, etc., employing one or more individuals who perform services within the taxing jurisdiction, is required to withhold from wages, salaries, or other compensation, the appropriate occupational license fees described below.

Taxing jurisdiction in which employees' services are performed  
**HANCOCK COUNTY, KENTUCKY**

Rate of tax to be withheld on gross wages, ect., earned by employees within taxing jurisdiction: **1.60% ON ALL EMPLOYEES**

The amount to be withheld and reported should be based upon compensation paid during the quarter covered by this return. The employer is required to file Form W-1 and remit such license fees to Hancock County Administrator, on or before the last day of month next following the quarterly period for which the withholding is made. Any employer who fails to withhold occupational taxes from earnings of employees is liable for the full amount of tax that should have been withheld, plus penalty and interest if applicable.

Line 1. Enter number of employees subject to occupational tax.

Line 2. Enter total salaries, wages, commissions, incentive payments, bonuses and other compensation paid all employees during the quarter.

If no salaries, wages, or other compenstion was paid during this quarter, so indicate and file Form W-1 with explanation.

Line 3. Enter amount of line 2 earned outside of Hancock County

Line 4. Enter the amount of salaries, wages, etc., which are subject to tax.

Line 5. Enter the amount of tax withheld during quarter.

Line 6. Failure to pay when due subjects the licensee to a 10% penalty, plus interest at the rate of 6% per anum from the due date until paid.

Line 7. Total of line 5 plus line 6 - - Pay this amount.

### DETACH BELOW AND RETURN WITH PAYMENT

<b>EMPLOYER'S QUARTERLY RETURN OF LICENSE FEES WITHHELD</b>			
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