## MARTIN COUNTY OCCUPATIONAL TAX RETURN MARTIN COUNTY FISCAL COURT

P.O.Box 309 Inez, Ky 41224

Telephone (606) 298-2085 Fax (606) 298-2120

Number of Taxable Employees		
<ol> <li>Total Salaries, Wages, Commission, and Other Compens Paid All Employees (if no wages were paid this month, en "NONE" and return signed form.)</li> </ol>		
3. Less: Non-Taxable Items (Compensation Paid for Service Outside of Martin County)	es	
4. Taxable Earnings (Line 2 Minus Line 3)	\$	
5. Tax Withheld (Line 4 at 2.00%, or Line 4 times 0.02)		
<ol><li>Interest (If filed late, there will be a 12.00% per annum sin on the tax shown due. A fraction of a month is counted as</li></ol>		
<ol> <li>Penalty (If filed late, there will be a 5.00% per month, not and a minimum of \$25.00 charge).</li> </ol>	to exceed 25.00%	
3. TOTAL Tax, Interest and Penalties (Line 5, Line 6 and (Make checks payable to Martin County Fiscal Court.)	Line 7)	
NOTICE: This form must be filed, unless tax i	is estimated and paid in advance per Sec.V(b) of ordinan	nce.
For the Period Ending	Federal Employers Identification Number	Account Number
For the Period Ending  Due Date (Due on or Before the		Account Number
	Federal Employers Identification Number  Employer  Name:	Account Number
Due Date (Due on or Before the	Employer	Account Number
Due Date (Due on or Before the	Employer Name:	Account Number
Due Date (Due on or Before the	Employer  Name:  Address:  NOTIFY the Office of Occupational Tax Adminis	strator
Due Date (Due on or Before the	Name: Address:	strator
Due Date (Due on or Before the	Employer  Name:  Address:  NOTIFY the Office of Occupational Tax Adminis	strator
Due Date (Due on or Before the Last Day of the Following Month)  I hereby certify that the infor	Employer  Name: Address:  NOTIFY the Office of Occupational Tax Administ of any change in ownership or name or address  rmation and statements contained herein	strator
Due Date (Due on or Before the Last Day of the Following Month)  I hereby certify that the infor and any schedules or exh	Employer  Name: Address:  NOTIFY the Office of Occupational Tax Administ of any change in ownership or name or address remation and statements contained herein hibits attached are true and correct	strator
Due Date (Due on or Before the Last Day of the Following Month)  I hereby certify that the infor	Name: Address:  NOTIFY the Office of Occupational Tax Administ of any change in ownership or name or address remation and statements contained herein hibits attached are true and correct  (Title)	strator

## MARTIN COUNTY OCCUPATIONAL TAX RETURN ANNUAL RECONCILIATION MARTIN COUNTY FISCAL COURT

P.O.Box 309 Inez, Ky 41224

Telephone (606) 298-2085 Fax (606) 298-2120

Account #	Please file this calendar year reconciliation or comparable printout by February28. Attach copies of W-2's
Address	

Da	te	Taxable Compensation	Tax Withheld	Business Fee	Total Fee Remitted
January	20				
February	20				
March	20				
April	20				
May	20				
June	20				
July	20				
August	20				
September	20				
October	20				
November	20				
December	20				
Return	Totals	\$	\$	\$	\$

Last Name	First Name	Social Security Number	Total Compensation	Taxable Compensation	Tax Withheld
	:4				
	Reconciliation To	otals	<b>5</b>	\$ \$	