Georgetown-Scott County Revenue Commission

Employer's Return of License Tax Withheld

FOR PERIOD ENDING_____   FEDERAL ID OR SS# _____

☐ MONTHLY

☐ QUARTERLY

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

		Column A GEORGETOWN	Column B SCOTT CO.	Column C SCHOOLS
1	Enter total salaries, wages, commissions, and other compensation paid this period.			
2	LESS: Amount included in line 1 which was paid for services outside of Georgetown/Scott County.			
3	LESS: Amount included in line 1 which was paid to employees who were not residents of Scott County.	■	■	
4	Total wages paid this period within each of columns A, B and C. (Subtract Lines 2 and 3 from Line 1)			
5	LESS: $10,000 deduction from gross wages of each employee age 65 or older (columns A & B)			■
6	Taxable Balance (subtract line 5 from line 4) Enter difference in columns A & B. Column C enter amount from line 4.			
7	License tax rate	1%	1%	½%
8	Tax Due (multiply line 6 by line 7) Enter result here.			
PENALTIES & INTEREST				
9	Penalty (5% per month or portion of month from due date until paid or if no tax due until return is filed, Maximum 25% Minimum $25.00 in each of columns A, B & C)			
10	Interest (12% per annum of any tax not paid in each of columns A, B & C)			
ADJUSTMENTS				
11	Adjustments to tax due			
12	TOTAL TAX DUE (add lines 8 through 11)			

COMBINED TOTAL PAID (add line 11, columns A, B & C)   ■ _____ ■

By signing below, I certify the information contained herein is true and correct.

OFFICE USE ONLY	
Date Paid:	
Amount;	
Check#:	
By:	

_____   _____
Signature   Date

_____   _____
Printed name   Title

Mail return with payment to: Georgetown/Scott County Revenue Commission, P O Box 800, Georgetown KY 40324

Form PR100   Revised 10/2005