Employer's Return of
License Tax Withheld

Georgetown-Scott County
Revenue Commission

FOR PERIOD ENDING_____

FEDERAL ID OR SS# _____

☐ MONTHLY

NAME: _____

☐ QUARTERLY

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 12, columns A, B & C) ███████ [   ] ███████

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

OFFICE USE ONLY	
Date Paid:	
Check#:	
Amount	
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 10/2009