

Due to the cost of postage and delays in mail, RCFC will mail out one form per year. Please copy the form for each quarter. Forms may also be found at <https://robertsoncounty.ky.gov> Email inquiries: janetmblevinsrcch@gmail.com

ROBERTSON COUNTY FISCAL COURT
EMPLOYER'S RETURN OF EMPLOYEE'S OCCUPATIONAL TAX WITHHELD
ROBERTSON COUNTY, KENTUCKY

Employer Name: _____

Federal Tax ID No. _____

Email Address (if applicable): _____

For Quarter Ending: _____

Total Number of Taxable Employees Hired: _____

Total Salaries, Wages, Commission, and Other Compensation Paid All Hired Employees (*) \$ _____

Less Compensation Paid Outside Robertson County \$ _____

Taxable Wages (Item 2 minus Item 3) \$ _____

Actual Tax Withheld in Quarter at 1.50% \$ _____

Interest or Penalties \$ _____

Balance Due (Include Interest and Penalty If Due) \$ _____

Total Number of Contracted Employees(**) _____

TAXPAYER INSTRUCTIONS

This return is due the last day of the month following the end of the quarter:

(Quarterly due dates are 1st- 04/30, 2nd-07/31, 3rd-10/31, 4th-01/31)

*If no wages were paid this quarter, mark "None" and return this form with explanation.

****Please note: If you are issuing 1099s for CONTRACT LABOR on your Schedule C or Schedule F—you must attach a copy of all 1099s issued for contract labor to this form, whether or not you owe tax.**

Please make a copy of this form for your records.

Make check or Money Order payable to: Robertson County Fiscal Court.Occupational Tax.

Mail to: Robertson County Fiscal Court
P.O. Box 76
Mount Olivet, KY 41064

I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct.

(Signed) _____ Title _____ Date _____

PLEASE CONTACT US WITH ANY NAME OR ADDRESS CHANGES