



Revenue Commission, Inc.

Mail Return & Payment To:
PO Box 800
Georgetown, Kentucky 40324

Federal ID. **or** SS #: _____

Amount of accumulated unpaid withheld license fee liability through the end of ...

Name: _____

_____ (Month), 20_____.

Address: _____

City / State / Zip: _____

A) City of Georgetown

B) Scott County

C) Scott County School

ENTER AMOUNT PAID

ENTER AMOUNT PAID

ENTER AMOUNT PAID

Combined Total Paid (A + B + C)

ENTER AMOUNT PAID

**By signing below, I hereby certify that the information, statements, schedules and exhibits filed herewith are true and correct.*

Signed: _____

Date: _____ Official Title: _____

If no wages paid this month, mark "NONE" and return this form.
Make checks payable to Georgetown-Scott County Revenue Commission, Inc. and send to the address above

<u>Official Use Only</u>	
Date Received: _____	Date Posted: _____
Total Received: _____	Check Number: _____
By: _____	