



Revenue Commission, Inc.

FOR QUARTER ENDING: _____ FEDERAL ID OR SS#: _____

INDIVIDUAL NAME: _____

MONTHLY FILER RECONCILING ADDRESS: _____

QUARTERLY FILER CITY / STATE / ZIP: _____

1	Enter total salaries, wages, commissions, and other compensation paid this quarter. →			
		<u>Column A</u> GEORGETOWN	<u>Column B</u> SCOTT CO.	<u>Column C</u> SCHOOLS
2	Amount included in line 1, which was paid for services outside Georgetown-Scott County.			
3	Total wages paid this quarter within each of columns A, B, and C.			
4	Less 10,000 deduction from gross wages for each employee age 65 or older per year (columns A & B)			NO DEDUCTION
5	Taxable Balance (subtract line 3 - line 4, enter difference in columns A and B. In column C enter amount from line 3)			
6	Tax Due (multiply line 5 by column A-1%, B-1%, C-.5%)	(line 5 X 1%)	(line 5 X 1%)	(line 5 X .5%)
PENALTIES & INTEREST				
7	Penalty (5% per month, not to exceed 25% of the total tax due in each of columns A, B and C, and not less than \$25)			
8	Late Filing (return with no check attached) (5% per month, not to exceed 25% of the total tax due in each of columns A, B and C)			
9	Interest (1% per month or 12% per year of any tax not paid in each of columns A, B and C)			
ADJUSTMENTS				
10	Payments made in quarter (to each of columns A, B and C)			
11	TOTAL TAX DUE EACH (add lines 6, 7, 8 and 9. Subtract line 10 and enter total due in each of columns A, B and C)			

COMBINED TOTAL PAID (add lines 11A + 11B + 11C and enter here) →

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

Your Printed Name _____ Signature _____ Date _____

Tax Preparer Name _____ Address _____ Phone _____

Contact Person _____ Address _____ Phone _____

Mail Return with Payment Due To:
 Georgetown-Scott County Revenue Commission, Inc.
 PO Box 800
 Georgetown, KY 40324
 Phone: (502) 863-9805 / Fax: (502) 863-9808

**RETURN DUE ON
 OR BEFORE**
 ▼
 April 30
 July 31
 October 31
 January 31

Official Use Only:

Date Paid:	
Amt.:	
Check No.:	
By:	