

FISCAL YEAR _____

Johnson County Form

Johnson County Annual Occupational Tax Return

001-FY

Johnson County Occupational Tax Rate: 0.50%

Tax Administrator: Eda Bussey

Out of business, check here Date closed: _____

POSTMARK DUE DATE: _____

Current Contact Information

Please Make Corrections In The Box To The Right

Account Number _____	Active Date _____
Account Name _____	
Address _____	
City / State / Zip _____	
Phone _____	

Contact Information Corrections

Account Number _____	Active Date _____
Account Name _____	
Address _____	
City / State / Zip _____	
Phone _____	

OCCUPATIONAL TAX WORKSHEET

Please Enter All Requested Information

01. Total net income as shown on attached Schedule C of state or fed. return.....	\$
02. Percentage of time working in Johnson County.....	%
03. NET income subject to Johnson County Occupational Tax (Line 1 x Line 2).....	\$
04. Johnson County Occupational Tax due (Line 3 x 0.50%).....	\$
BUSINESSES ONLY complete lines 05 and 06. All others skip lines 05 and 06	
05. Deduct \$25.00 for license fee IF previously paid this year.....	\$
OR	
06. Add \$25.00 for license fee if NOT previously paid this year.....	\$
IF PAID ON OR BEFORE _____ GO TO LINE 09. OTHERWISE COMPLETE LINES 07, 08 AND 09	
07. LATE FEE - Add 8.00% Interest (of line 4) per year due.....	\$
08. PENALTY - Add \$100.00 or 10.00% --whichever is greater--(of line 4).....	\$
09. PAY THIS AMOUNT (Total of lines 4 through 8).....	\$

Direct all questions or comments to: Eda Bussey Occupational Tax Administrator.

(606) 789-2550

Please sign below

I hereby certify that the statements made herein and in any supporting schedules attached are true, correct and complete to the best of my knowledge.

Signature of Taxpayer _____

Date _____

Signature of Form Preparer _____

Date _____

Return and make check payable to: Johnson County Fiscal Court PO Box 868 Paintsville, KY 41240



Detach and Keep This Stub For Your Records



Account Number _____

Active Date _____

Fiscal Year _____

Date Paid _____

Account Name _____

Check Number _____

Amount Paid _____

Address _____

Authorized By _____

City / State / Zip _____

Phone _____

FISCAL YEAR _____

Johnson County Form

Johnson County Business License Return

001-BL

Business License Fee \$25.00

Tax Administrator: Eda Bussey

POSTMARK DUE DATE: _____

Out of business, check here Date closed: _____

Current Contact Information

Please Make Corrections In The Box To The Right

Account Number _____	Active Date _____
Account Name _____	
Address _____	
City / State / Zip _____	
Phone _____	

Contact Information Corrections

Account Number _____	Active Date _____
Account Name _____	
Address _____	
City / State / Zip _____	
Phone _____	

Dear Taxpayer

Your Johnson County Business License for the year ____ is now due.

Our records indicate that you receive a Regular Business License. Please return the top portion of this letter with your payment in the amount of \$25.00

Thank you,

Eda Bussey

Occupational Tax Administrator

(606) 789-2550

Return and make check payable to: Johnson County Fiscal Court PO Box 868 Paintsville, KY 41240

----- ✂ Detach and Keep This Stub For Your Records ✂ -----

Account Number _____	Active Date _____
Account Name _____	
Address _____	
City / State / Zip _____	
Phone _____	

Fiscal Year _____	Date Paid _____
Check Number _____	Amount Paid _____
Authorized By _____	

Johnson County Quarterly Occupational Tax

001-OT

Johnson County Occupational Tax Rate: 0.50%

Tax Administrator EDA BUSSEY

Out of business, check here Date closed: _____

POSTMARK DUE DATE: _____

Current Contact Information

Please Make Any Corrections In Name and Address

Account Number _____	Active Date _____
Account Name _____	
Address _____	
City / State / Zip _____	
Phone _____	

Tax Reconciliation

Enter the number of employees and the total taxes paid for each quarter of the current year.

Quarter 1	# of Employees _____	Taxes Paid \$ _____
Quarter 2	# of Employees _____	Taxes Paid \$ _____
Quarter 3	# of Employees _____	Taxes Paid \$ _____
Quarter 4	# of Employees _____	Taxes Paid \$ _____

OCCUPATIONAL TAX WORKSHEET

Please Enter All Requested Information

01. Total number of employees.....	\$ _____
02. Total gross salaries, wages, commissions, and other compensation paid to all employees for time worked in Johnson County only.....	\$ _____
03. Tax withheld at: 0.50%.....	\$ _____
04. IF PAID ON OR BEFORE _____ GO TO LINE 07. OTHERWISE COMPLETE LINES 05, 06 AND 07	
05. LATE FEE - Add 8.00% Interest of the tax due per annum.....	\$ _____
06. PENALTY - Add \$100.00 or 10.00% of tax due: Whichever is greater.....	\$ _____
07. TOTAL TAX, INTEREST, AND PENALTIES.....	\$ _____

Direct all questions or comments to: EDA BUSSEY Occupational Tax Administrator.

(606) 789-2550

Please sign below

I hereby certify that the information contained herein are true, correct and complete to the best of my knowledge.

Signature: _____

Title: _____

Date: _____

If no wages were paid, check the box below and explain

No Wages Paid

Explanation _____

MAKE CHECK PAYABLE TO: Johnson County Fiscal Court
 PO Box 868
 Paintsville, KY 41240
 Phone 6067892550

✂ ----- ✂
Detach and Keep This Stub For Your Records

Account Number _____	Active Date _____
Account Name _____	
Address _____	
City / State / Zip _____	
Phone _____	

Taxable Quarter / Year _____	Date Paid _____
Check Number _____	Amount Paid _____
Authorized By _____	