

### **Revenue Commission**

### 2014 Form RE100 Reconciliation of License Tax Withheld

And

### 2015

### Employer's Returns of License Tax Withheld Quarterly Filer

For additional information contact:

Georgetown/Scott County Revenue Commission P O Box 800 Georgetown, KY 40324 Telephone: (502) 863-9805 Fax: (502) 863-9808 Hours: Monday-Friday 8:00 A.M. – 4:00 P.M. http://www.gscrevenue.com

Paid for with Georgetown/Scott Revenue Commission funds. Revised 09-2014

### General Information

### Section A – General Information

Please enter the employer's name and address in the box provided. If the name or address is different from that previously submitted please notify the GSCRC.

Please enter the federal identification number used for local license tax purposes. If this number is different from the number currently used for license tax purposes you must notify the GSCRC prior to filing this return.

Make sure that you enter this information here and on the top of page two.

You must attach copies of all federal form W-2s, including federal form W-3, or an equivalent employee listing for all employees that had or should have had the license tax withheld from their compensation. These W-2s must indicate the tax withheld for each taxing jurisdiction separately or you must attach a schedule detailing the amounts for each. Make sure that you include totals of each amount.

The employee listing must include the employee's name, address, social security number, total gross wages, social security wages, medicare wages, federal taxable wages, local wages for each jurisdiction and the amount of license tax withheld for each jurisdiction.

Form RE100, Reconciliation of License Tax Withheld must be signed by the person preparing the return including the printed name and title.

Form RE100, Reconciliation of License Tax Withheld including the copies of federal form W-2, W-3 or equivalent listing is required to be filed with the Georgetown/Scott County Revenue Commission by March 1, 2015.

Line 1, Column A	Enter the total payroll for the entire company for the quarter ended March 31, 2014.
Line 1, Column B	Enter the payroll paid or payable to employees for work done or services performed or rendered within the City of Georgetown, Kentucky for the quarter ended March 31, 2014.
Line 1, Column C	Multiply Column B, Subject Payroll times the license tax rate of one percent (1%). Enter the result here.
Line 2, Column A	Enter the total payroll for the entire company for the quarter ended June 30, 2014.
Line 2, Column B	Enter the payroll paid or payable to employees for work done or services performed or rendered within the City of Georgetown, Kentucky for the quarter ended June 30, 2014.
Line 2, Column C	Multiply Column B, Subject Payroll times the license tax rate of one percent (1%). Enter the result here.

#### Section B - City of Georgetown, Kentucky

Line 3, Column A	Enter the total payroll for the entire company for the quarter ended September 30, 2014.
Line 3, Column B	Enter the payroll paid or payable to employees for work done or services performed or rendered within the City of Georgetown, Kentucky for the quarter ended September 30, 2014.
Line 3, Column C	Multiply Column B, Subject Payroll times the license tax rate of one percent (1%). Enter the result here.
Line 4, Column A	Enter the total payroll for the entire company for the quarter ended December 31, 2014.
Line 4, Column B	Enter the payroll paid or payable to employees for work done or services performed or rendered within the City of Georgetown, Kentucky for the quarter ended December 31, 2014.
Line 4, Column C	Multiply Column B, Subject Payroll times the license tax rate of one percent (1%). Enter the result here.
Line 5	Total lines 1 through 4. Enter the result in Columns A, B and C.
Line 6	Enter the amount actually remitted to the Georgetown/Scott County Revenue Commission for the City of Georgetown, Kentucky license tax.
Line 7	Subtract line 6 from line 5. Enter the difference on line 7.

For any difference indicated on line 7 please check the applicable box. Difference can be attributable to one of the following:

- 1. A minor difference resulting from fractional and rounding variations.
- 2. Insufficient license tax was remitted for the year. Please attach a check for the additional license tax, including penalty and interest.
- 3. The license tax remitted for the year exceeded the amount that was due. A full explanation and claim for refund must be attached.

Please indicate the number of employees that were subject to the City of Georgetown, Kentucky license tax for the year ending December 31, 2014.

### Section C- Scott County, Kentucky

Line 1, Column A Enter the total payroll for the entire company for the quarter ended March 31, 2014.

Line 1, Column B	Enter the payroll paid or payable to employees for work done or services performed or rendered within Scott County, Kentucky for the quarter ended March 31, 2014.
Line 1, Column C	Multiply Column B, Subject Payroll times the license tax rate of one percent (1%). Enter the result here.
Line 2, Column A	Enter the total payroll for the entire company for the quarter ended June 30, 2014.
Line 2, Column B	Enter the payroll paid or payable to employees for work done or services performed or rendered within Scott County, Kentucky for the quarter ended June 30, 2014.
Line 2, Column C	Multiply Column B, Subject Payroll times the license tax rate of one percent (1%). Enter the result here.
Line 3, Column A	Enter the total payroll for the entire company for the quarter ended September 30, 2014.
Line 3, Column B	Enter the payroll paid or payable to employees for work done or services performed or rendered within Scott County, Kentucky for the quarter ended September 30, 2014.
Line 3, Column C	Multiply Column B, Subject Payroll times the license tax rate of one percent (1%). Enter the result here.
Line 4, Column A	Enter the total payroll for the entire company for the quarter ended December 31, 2014.
Line 4, Column B	Enter the payroll paid or payable to employees for work done or services performed or rendered within Scott County, Kentucky for the quarter ended December 31, 2014.
Line 4, Column C	Multiply Column B, Subject Payroll times the license tax rate of one percent (1%). Enter the result here.
Line 5	Total lines 1 through 4. Enter the result in Columns A, B and C.
Line 6	Enter the amount actually remitted to the Georgetown/Scott County Revenue Commission for the Scott County Fiscal Court license tax.
Line 7	Subtract line 6 from line 5. Enter the difference on line 7.

For any difference indicated on line 7 please check the applicable box. Difference can be attributable to one of the following:

1. A minor difference resulting from fractional and rounding variations.

- 2. Insufficient license tax was remitted for the year. Please attach a check for the additional license tax, including penalty and interest.
- 3. The license tax remitted for the year exceeded the amount that was due. A full explanation and claim for refund must be attached.

Please indicate the number of employees that were subject to the Scott County Fiscal Court license tax for the year ending December 31, 2014.

### Section D - Scott County School District

Line 1, Column A	Enter the total payroll for the entire company for the quarter ended March 31, 2014.
Line 1, Column B	Enter the payroll paid or payable to employees <b>who are residents of Scott</b> <b>County, Kentucky</b> for work done or services performed or rendered within Scott County, Kentucky for the quarter ended March 31, 2014.
Line 1, Column C	Multiply Column B, Subject Payroll times the license tax rate of one half of one percent ( $\frac{1}{2}$ %). Enter the result here.
Line 2, Column A	Enter the total payroll for the entire company for the quarter ended June 30, 2014.
Line 2, Column B	Enter the payroll paid or payable to employees <b>who are residents of Scott</b> <b>County, Kentucky</b> for work done or services performed or rendered within Scott County, Kentucky for the quarter ended June 30, 2014.
Line 2, Column C	Multiply Column B, Subject Payroll times the license tax rate of one half of one percent (1/2%). Enter the result here.
Line 3, Column A	Enter the total payroll for the entire company for the quarter ended September 30, 2014.
Line 3, Column B	Enter the payroll paid or payable to employees <b>who are residents of Scott</b> <b>County, Kentucky</b> for work done or services performed or rendered within Scott County, Kentucky for the quarter ended September 30, 2014.
Line 3, Column C	Multiply Column B, Subject Payroll times the license tax rate of one half of one percent ( $\frac{1}{2}$ %). Enter the result here.
Line 4, Column A	Enter the total payroll for the entire company for the quarter ended December 31, 2014.
Line 4, Column B	Enter the payroll paid or payable to employees <b>who are residents of Scott</b> <b>County, Kentucky</b> for work done or services performed or rendered within Scott County, Kentucky for the quarter ended December 31, 2014.

Line 4, Column C	Multiply Column B, Subject Payroll times the license tax rate of one half of one percent ( $\frac{1}{2}$ %). Enter the result here.
Line 5	Total lines 1 through 4. Enter the result in Columns A, B and C.
Line 6	Enter the amount actually remitted to the Georgetown/Scott County Revenue Commission for the Scott County School District license tax.
Line 7	Subtract line 6 from line 5. Enter the difference on line 7.

For all differences indicated on line 7 please check the applicable box. Differences can be attributable to any one or more of the following:

- 1. A minor difference resulting from fractional and rounding variations.
- 2. Insufficient license tax was remitted for the year. Please attach a check for the additional license tax, including penalty and interest.
- 3. The license tax remitted for the year exceeded the amount that was due. A full explanation and claim for refund must be attached.

Please indicate the number of employees that were subject to the Scott County School District license tax for the year ending December 31, 2014.

### <u>Section E – Fringe Benefits</u>

For each of the benefits listed indicate whether or not your employees participated in the plan and if so, whether or not the City/County/School District license tax was withheld upon the contributions. Please be advised that even though employee contributions to deferred compensation and cafeteria plans are tax deferred for federal income tax purposes these employee contributions are subject to the occupational license tax for the City/County/School District.

Mail return to: Georgetown/Scott County Revenue Commission P O Box 800 Georgetown, KY 40324

2014 RECONCILIATION OF LICENSE TAX WITHHELD					
		/Scott County Revenue Co			
stown-Scott	PO	Box 800, Georgetown, KY 4032	24		
Contestown-Scott Call	Employers name & add	dress - Section A		ar ended December 31, 20	014
Revenue Commission				by March 1, 2015	
			FEDERAL ID #		
	TOTAL PAYROLL (Colum	OF GEORGETOWN - Sectio nn A) SUBJECT PAYROLL		Column C	
1 1st Quarter ended March 31	\$	\$	X 1%	\$	
2 2nd Quarter ended June 30	\$	\$	X 1%	\$	
<b>3</b> 3rd Quarter ended Sept 30	\$	\$	X 1%	\$	
4 4th Quarter ended Dec 31	\$	\$	X 1%	\$	
5 TOTAL ALL QUARTERS	\$	\$		\$	
l					
6 Actual withholding paym	ients remitted			\$	<u> </u>
7 Difference (subtract line	e 6 from line 5)(if any, ch	eck box below)		\$	
Minor difference attributable to fractional variations only (no adjustment due). OFFICE USE ONLY   Difference indicates insufficient total remittance for year. Check in payment attached. Rec'd					
				OFFICE USE C Rec'd	ONLY
Difference indicates insu	ufficient total remittance		attached.		ONLY
Difference indicates insu	ufficient total remittance	for year. Check in payment	attached.	Rec'd	DNLY
Difference indicates insu Difference indicates ove	ufficient total remittance erpayment not attributable attached.	for year. Check in payment	attached.	Rec'd Check No.	DNLY
Difference indicates insu Difference indicates ove	ufficient total remittance erpayment not attributable attached. Number of employees	for year. Check in payment a le to fractional variations. Ful	attached.	Rec'd Check No. Amt.	DNLY
Difference indicates insu Difference indicates ove	ufficient total remittance erpayment not attributable attached. Number of employees	for year. Check in payment a le to fractional variations. Ful working in Georgetown COTT COUNTY - Section C	attached. Il explanation	Rec'd Check No. Amt.	
Difference indicates insu Difference indicates ove	ufficient total remittance erpayment not attributable attached. Number of employees	for year. Check in payment a le to fractional variations. Ful working in Georgetown COTT COUNTY - Section C	attached. Il explanation	Rec'd Check No. Amt. By Column C	
Difference indicates insu Difference indicates ove and claim for refund is a	ufficient total remittance erpayment not attributable attached. Number of employees St TOTAL PAYROLL (Colum	for year. Check in payment a le to fractional variations. Ful working in Georgetown COTT COUNTY - Section C nn A) SUBJECT PAYROLL	attached. Il explanation	Rec'd Check No. Amt. By Column C	
Difference indicates insu Difference indicates over and claim for refund is a	ufficient total remittance erpayment not attributable attached. Number of employees SC TOTAL PAYROLL (Colum \$	for year. Check in payment a le to fractional variations. Ful working in Georgetown <u>COTT COUNTY - Section C</u> <u>nn A)</u> <u>SUBJECT PAYROLL</u> <u>\$</u>	attached. Il explanation	Rec'd Check No. Amt. By Column C \$ \$	
Difference indicates insu Difference indicates over and claim for refund is a 1 1st Quarter ended March 31 2 2nd Quarter ended June 30	ufficient total remittance erpayment not attributable attached. Number of employees SC <u>TOTAL PAYROLL (Colum</u> <u>\$</u>	for year. Check in payment a le to fractional variations. Ful working in Georgetown COTT COUNTY - Section C nn A) SUBJECT PAYROLL \$ \$	attached. Il explanation	Rec'd Check No. Amt. By Column C \$ \$	
Difference indicates insu Difference indicates over and claim for refund is a 1 1st Quarter ended March 31 2 2nd Quarter ended June 30 3 3rd Quarter ended Sept 30	ufficient total remittance erpayment not attributable attached. Number of employees SC <u>TOTAL PAYROLL (Colum</u> <u>\$</u>	for year. Check in payment a le to fractional variations. Full working in Georgetown COTT COUNTY - Section C nn A) SUBJECT PAYROLL \$ \$ \$ \$ \$ \$	attached. Il explanation	Rec'd Check No. Amt. By Column C \$ \$ \$	
Difference indicates insu Difference indicates over and claim for refund is a 1 1st Quarter ended March 31 2 2nd Quarter ended June 30 3 3rd Quarter ended Sept 30 4 4th Quarter ended Dec 31	ufficient total remittance erpayment not attributable attached. Number of employees SC TOTAL PAYROLL (Colum \$ \$ \$ \$ \$ \$ \$	for year. Check in payment a le to fractional variations. Full working in Georgetown COTT COUNTY - Section C nn A) SUBJECT PAYROLL \$ \$ \$ \$ \$ \$	attached. Il explanation	Rec'd Check No. Amt. By Column C \$ \$ \$	
Difference indicates insu Difference indicates over and claim for refund is a 1 1st Quarter ended March 31 2 2nd Quarter ended June 30 3 3rd Quarter ended Sept 30 4 4th Quarter ended Dec 31 5 TOTAL ALL QUARTERS	ufficient total remittance erpayment not attributable attached. Number of employees SC TOTAL PAYROLL (Colum \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	for year. Check in payment a le to fractional variations. Ful working in Georgetown COTT COUNTY - Section C nn A) SUBJECT PAYROLL \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	attached. Il explanation	Rec'd Check No. Amt. By Column C \$ \$ \$ \$ \$ \$ \$	
Difference indicates insu Difference indicates over and claim for refund is a 1 1st Quarter ended March 31 2 2nd Quarter ended June 30 3 3rd Quarter ended Sept 30 4 4th Quarter ended Dec 31 5 TOTAL ALL QUARTERS 6 Actual withholding paym 7 Difference (subtract line	ufficient total remittance erpayment not attributable attached. Number of employees <u>TOTAL PAYROLL (Colum</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	for year. Check in payment a le to fractional variations. Ful working in Georgetown COTT COUNTY - Section C nn A) SUBJECT PAYROLL \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	attached. Il explanation (Column B) X 1% X 1% X 1% X 1% X 1% X 1%	Rec'd Check No. Amt. By Column C \$ \$ \$ \$ \$ \$ \$	

		•		
	Difference indicates overpayment not attributable to fr	ractional variat	ions. F	ull explanation
	and claim for refund is attached.			

Number of employees working in Scott County

Check No.

Amt. By

2014 RECONCILIATION OF LICENSE TAX WITHHELD							
2014 RECONCILIATION OF LICENSE TAX WITHHELD							
	-		-				
Construm-Scott Con			), Georgetown, K				
Coort	Employers name &	address			•••	ar ended December 31,	2014
Revenue Commission						d by March 1, 2015	
				FEDER/	AL ID #		
	SCOTT C			RICT - Section D YROLL (Column B)		Column C	
	TOTALFAINOLLO		JUDJEULIA			Columnitie	
1 1st Quarter ended March 31	\$	<b>_</b>	\$		X ½%	\$	
2 2nd Quarter ended June 30	\$		\$		X ½%	\$	
3 3rd Quarter ended Sept 30	\$		\$		X ½%	\$	
4 4th Quarter ended Dec 31	\$		\$		X ½%	\$	
5 TOTAL ALL QUARTERS	\$		\$			\$	
6 Actual withholding paym	ents remitted					\$	
7 Difference (subtract line	6 from line 5)(if any,	check boy	x below)			\$	
Minor difference attributa	able to fractional vari	iations only	y (no adjustment	due).		OFFICE USE	ONLY
Difference indicates insu	ufficient total remittar	nce for yea	r. Check in pay	ment attached.		Rec'd	
Difference indicates ove	rpayment not attribut	table to fra	actional variation	s. Full explanatic	on	Check No.	
and claim for refund is a	ttached.					Amt.	
	Number of employee	es living &	working in Scott	County		Ву	
				С			
For each of the following	n henefits:		BENEFITS- Sec employees	tion E Was the	license	tav	
	j Denomo.	participa		withheld			
a) Deferred compensation		Yes	No	Yes	No	)	
b) Cafeteria plan		Yes	No	Yes	No	)	

RETURN MUST BE SIGNED - I hereby cerify, under penalty of perjury, that the statements made herein and any supporting schedules are true, correct, and complete to the best of my knowledge.

Yes

Yes

Yes

Yes

Signature

Group-term life insurance over \$50,000

C)

d)

e)

Other?

Other?

Other?

Date

Printed name

Title

ATTACH W-2s AND W-3s OR EQUIVALENT EMPLOYEE LISTING

No

No

No

No

Yes

Yes

Yes

Yes

No

No

No

No



**Revenue Commission** 

# 2015

## Employer's Returns of License

Tax Withheld



**Revenue Commission** 

2015 EMPLOYER'S RETURNS OF LICENSE TAX WITHHELD QUARTERLY FILER				
Quarter Ended	Date paid	Amount paid	Subject wages	
March 31, 2015				
June 30, 2015				
September 30, 2015				
December 31, 2015				
	Totals			

### DO NOT FILE! Keep for your records!

Use this form to keep a record of your filings throughout the year.

This will aid you in the preparation of next year's Reconciliation of License Tax Withheld.



License Tax Withheld

		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%	1/2%
8	Tax Due (multiply line 6 by line 7) Enter result here.			
	PENAL	TIES & 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)			
	AC	JUSTMENTS		
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	s true and correct.	Date Paid:	OFFICE USE ONLY

Signature

Printed name

Mail return with payment to: Georgetown/Scott County Revenue Commission, P O Box 800, Georgetown KY 40324

Form PR100

Check#:

Pursuant to the authority vested in it by the Kentucky Constitution and by state statute,

- a) the City of Georgetown, Kentucky has imposed an occupational license tax measured by 1.00% of all compensation paid or payable in the City for work done or services performed or rendered in the City by every resident or nonresident who is an employee.
- b) the Scott County Fiscal Court has imposed an occupational license tax measured by 1.00% of all compensation paid or payable in the County for work done or services performed or rendered in the County by every resident or nonresident who is an employee.
- c) the Scott County Board of Education has imposed an occupational license tax measured by ½% of all compensation paid or payable in the County for work done or services performed or rendered in the County by every resident who is an employee.

As set forth in the occupational license tax ordinance the license tax required to be withheld on an employee's compensation by the employer and remitted to the jurisdiction imposing the tax includes a license tax on, "All wages, salaries, commissions or any other form of remuneration paid or payable by an employer for services performed by an employee, which are required to be reported for federal income tax purposes adjusted as follows:

- (A) include all amounts contributed by an employee to any retirement, profit sharing, or deferred compensation plan, which are deferred for federal income tax purposes under a salary reduction agreement or similar arrangement, including, but not limited to salary reduction arrangements under Sections 401(a), 401(k), 402(e), 403(a), 403(b), 408, 414(h) or 457 of the Internal Revenue Code; and
- (B) include all amounts contributed by an employee to any welfare benefit, fringe benefit, or other benefit plan made by salary reduction or other payment method which permits employees to elect to reduce federal taxable compensation under the Internal Revenue Code including, but not limited to Section 125 and 132 of the Internal Revenue Code."

- (A) Each employer who employs one or more persons within the jurisdiction imposing the tax shall deduct at the time of payment of compensation to any employee the occupational license tax in accordance with Section 2 of the Regulations. The employer shall report for the quarterly periods ending March 31, June 30, September 30, and December 31 of each year the compensation from which license taxes have been so withheld on or before the last day of the month following the end of each such quarter. If the amount of license tax withheld exceeds Three Hundred Dollars (\$300.00) in any one of the preceding four (4) quarters, see Paragraph (B) below. In addition, the employer shall make the payment required to be made on account of such employee withholding of occupational license taxes on or before the time required for the filing of the quarterly returns.
- (B) Notwithstanding the provisions of Paragraph (A) hereof, monthly reporting is required of each employer who employs persons within the jurisdiction imposing the tax and whose occupational license taxes required to be withheld from all employee compensation for any one (1) of the preceding four (4) quarters shall exceed the sum of Three Hundred Dollars (\$300.00). If the taxpayer is required to file monthly for any one of the three jurisdictions (City/County/School) then the taxpayer is required to file monthly for any one of the amount of the remaining jurisdictions quarterly withholdings. Each employer shall remit the occupational license taxes required to be withheld from employees monthly based upon the following schedule.

SCHEDULE FOR FILING EMPLOYER'S RETURNS OF LICENSE TAX WITHHELD AND REMITTING LICENSE TAX WITHHELD			
LICENSE TAX REQUIRED TO BE PAID BY (POSTMARKED OR TO BE WITHHELD IN: HAND DELIVERED):			
January	February 15		
February	March 15		
March	April 30		
April	May 15		
May	June 15		
June	July 31		
July	August 15		
August	September 15		
September	October 31		
October	November 15		
November	December 15		
December	January 31		



License Tax Withheld

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%	1/2%
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)			
	AC	JUSTMENTS		
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	s true and correct.	Date Paid:	OFFICE USE ONLY

Signature

Printed name

Mail return with payment to: Georgetown/Scott County Revenue Commission, P O Box 800, Georgetown KY 40324

Form PR100

Check#:

Pursuant to the authority vested in it by the Kentucky Constitution and by state statute,

- a) the City of Georgetown, Kentucky has imposed an occupational license tax measured by 1.00% of all compensation paid or payable in the City for work done or services performed or rendered in the City by every resident or nonresident who is an employee.
- b) the Scott County Fiscal Court has imposed an occupational license tax measured by 1.00% of all compensation paid or payable in the County for work done or services performed or rendered in the County by every resident or nonresident who is an employee.
- c) the Scott County Board of Education has imposed an occupational license tax measured by ½% of all compensation paid or payable in the County for work done or services performed or rendered in the County by every resident who is an employee.

As set forth in the occupational license tax ordinance the license tax required to be withheld on an employee's compensation by the employer and remitted to the jurisdiction imposing the tax includes a license tax on, "All wages, salaries, commissions or any other form of remuneration paid or payable by an employer for services performed by an employee, which are required to be reported for federal income tax purposes adjusted as follows:

- (A) include all amounts contributed by an employee to any retirement, profit sharing, or deferred compensation plan, which are deferred for federal income tax purposes under a salary reduction agreement or similar arrangement, including, but not limited to salary reduction arrangements under Sections 401(a), 401(k), 402(e), 403(a), 403(b), 408, 414(h) or 457 of the Internal Revenue Code; and
- (B) include all amounts contributed by an employee to any welfare benefit, fringe benefit, or other benefit plan made by salary reduction or other payment method which permits employees to elect to reduce federal taxable compensation under the Internal Revenue Code including, but not limited to Section 125 and 132 of the Internal Revenue Code."

- (A) Each employer who employs one or more persons within the jurisdiction imposing the tax shall deduct at the time of payment of compensation to any employee the occupational license tax in accordance with Section 2 of the Regulations. The employer shall report for the quarterly periods ending March 31, June 30, September 30, and December 31 of each year the compensation from which license taxes have been so withheld on or before the last day of the month following the end of each such quarter. If the amount of license tax withheld exceeds Three Hundred Dollars (\$300.00) in any one of the preceding four (4) quarters, see Paragraph (B) below. In addition, the employer shall make the payment required to be made on account of such employee withholding of occupational license taxes on or before the time required for the filing of the quarterly returns.
- (B) Notwithstanding the provisions of Paragraph (A) hereof, monthly reporting is required of each employer who employs persons within the jurisdiction imposing the tax and whose occupational license taxes required to be withheld from all employee compensation for any one (1) of the preceding four (4) quarters shall exceed the sum of Three Hundred Dollars (\$300.00). If the taxpayer is required to file monthly for any one of the three jurisdictions (City/County/School) then the taxpayer is required to file monthly for any one of the amount of the remaining jurisdictions quarterly withholdings. Each employer shall remit the occupational license taxes required to be withheld from employees monthly based upon the following schedule.

SCHEDULE FOR FILING EMPLOYER'S RETURNS OF LICENSE TAX WITHHELD AND REMITTING LICENSE TAX WITHHELD		
LICENSE TAX REQUIRED (POSTMARKED OR TO BE WITHHELD IN: HAND DELIVERED):		
January	February 15	
February	March 15	
March	April 30	
April	May 15	
May	June 15	
June	July 31	
July	August 15	
August	September 15	
September	October 31	
October	November 15	
November	December 15	
December	January 31	



License Tax Withheld

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%	1/2%
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)			
	AC	JUSTMENTS		
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	s true and correct.	Date Paid:	OFFICE USE ONLY

Signature

Printed name

Mail return with payment to: Georgetown/Scott County Revenue Commission, P O Box 800, Georgetown KY 40324

Form PR100

Check#:

Pursuant to the authority vested in it by the Kentucky Constitution and by state statute,

- a) the City of Georgetown, Kentucky has imposed an occupational license tax measured by 1.00% of all compensation paid or payable in the City for work done or services performed or rendered in the City by every resident or nonresident who is an employee.
- b) the Scott County Fiscal Court has imposed an occupational license tax measured by 1.00% of all compensation paid or payable in the County for work done or services performed or rendered in the County by every resident or nonresident who is an employee.
- c) the Scott County Board of Education has imposed an occupational license tax measured by ½% of all compensation paid or payable in the County for work done or services performed or rendered in the County by every resident who is an employee.

As set forth in the occupational license tax ordinance the license tax required to be withheld on an employee's compensation by the employer and remitted to the jurisdiction imposing the tax includes a license tax on, "All wages, salaries, commissions or any other form of remuneration paid or payable by an employer for services performed by an employee, which are required to be reported for federal income tax purposes adjusted as follows:

- (A) include all amounts contributed by an employee to any retirement, profit sharing, or deferred compensation plan, which are deferred for federal income tax purposes under a salary reduction agreement or similar arrangement, including, but not limited to salary reduction arrangements under Sections 401(a), 401(k), 402(e), 403(a), 403(b), 408, 414(h) or 457 of the Internal Revenue Code; and
- (B) include all amounts contributed by an employee to any welfare benefit, fringe benefit, or other benefit plan made by salary reduction or other payment method which permits employees to elect to reduce federal taxable compensation under the Internal Revenue Code including, but not limited to Section 125 and 132 of the Internal Revenue Code."

- (A) Each employer who employs one or more persons within the jurisdiction imposing the tax shall deduct at the time of payment of compensation to any employee the occupational license tax in accordance with Section 2 of the Regulations. The employer shall report for the quarterly periods ending March 31, June 30, September 30, and December 31 of each year the compensation from which license taxes have been so withheld on or before the last day of the month following the end of each such quarter. If the amount of license tax withheld exceeds Three Hundred Dollars (\$300.00) in any one of the preceding four (4) quarters, see Paragraph (B) below. In addition, the employer shall make the payment required to be made on account of such employee withholding of occupational license taxes on or before the time required for the filing of the quarterly returns.
- (B) Notwithstanding the provisions of Paragraph (A) hereof, monthly reporting is required of each employer who employs persons within the jurisdiction imposing the tax and whose occupational license taxes required to be withheld from all employee compensation for any one (1) of the preceding four (4) quarters shall exceed the sum of Three Hundred Dollars (\$300.00). If the taxpayer is required to file monthly for any one of the three jurisdictions (City/County/School) then the taxpayer is required to file monthly for any one of the amount of the remaining jurisdictions quarterly withholdings. Each employer shall remit the occupational license taxes required to be withheld from employees monthly based upon the following schedule.

SCHEDULE FOR FILING EMPLOYER'S RETURNS OF LICENSE TAX WITHHELD AND REMITTING LICENSE TAX WITHHELD		
LICENSE TAX REQUIRED (POSTMARKED OR TO BE WITHHELD IN: HAND DELIVERED):		
January	February 15	
February	March 15	
March	April 30	
April	May 15	
May	June 15	
June	July 31	
July	August 15	
August	September 15	
September	October 31	
October	November 15	
November	December 15	
December	January 31	



License Tax Withheld

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%	1/2%
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)			
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- (A) include all amounts contributed by an employee to any retirement, profit sharing, or deferred compensation plan, which are deferred for federal income tax purposes under a salary reduction agreement or similar arrangement, including, but not limited to salary reduction arrangements under Sections 401(a), 401(k), 402(e), 403(a), 403(b), 408, 414(h) or 457 of the Internal Revenue Code; and
- (B) include all amounts contributed by an employee to any welfare benefit, fringe benefit, or other benefit plan made by salary reduction or other payment method which permits employees to elect to reduce federal taxable compensation under the Internal Revenue Code including, but not limited to Section 125 and 132 of the Internal Revenue Code."

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July	August 15	
August	September 15	
September	October 31	
October	November 15	
November	December 15	
December	January 31	

### YOUR RIGHTS AS A GEORGETOWN/SCOTT COUNTY OCCUPATIONAL TAX TAXPAYER

#### MISSION

The mission of the Georgetown-Scott County Revenue Commission (GSCRC) is to provide courteous, accurate and efficient services for the benefit of Georgetown/Scott County and its citizens, and administer the occupational tax laws of the City of Georgetown, the Scott County Fiscal Court and the Scott County Public School District in a fair and impartial manner.

#### **RIGHTS OF OCCUPATIONAL TAX TAXPAYER**

**Privacy**—You have the right to privacy of information provided to the GSCRC. The GSCRC is not authorized to discuss your tax matters with anyone unless you authorize the GSCRC to do so.

Assistance—You have the right to advice and assistance from the GSCRC in complying with the occupational tax laws of the City of Georgetown, the Scott County Fiscal Court and the Scott County Public School District.

**Explanation**—You have the right to a clear and concise explanation of:

- Basis of assessment of additional license taxes, interest and penalties, or the denial or reduction of any refund or credit claim;
- Procedure for an appeal of a determination of the GSCRC; and
- License tax laws and changes in license tax laws so that you can comply with the law.

**Appeal**—You have the right to appeal a determination of the GSCRC, such as an assessment of license tax or penalty, reduction or a denial of a refund, or a revocation of a license or permit.

**Conference**—You have the right to a conference to discuss a license tax matter.

**Representation**—You have the right to representation by an attorney, accountant or other person in any hearing or conference with the GSCRC. If you intend for your representative to come in your place, you must notify the GSCRC prior to any hearing or conference.

**Recordings**—You have the right to make an audio recording of any meeting, conference or hearing with the GSCRC, or to be notified in advance if the GSCRC plans to record the proceedings and to receive a copy of any recording.

**Consideration**—You have the right to consideration of:

- Waiver of penalties or collection fees if "reasonable cause" for reduction or waiver is given ("reasonable cause" is defined as: "an event, happening or circumstance entirely beyond the knowledge or control of a taxpayer who has exercised due care and prudence in the filing of a return or report or the payment of monies due the GSCRC pursuant to law or administrative regulation");
- Installment payments of delinquent license taxes, interest and penalties.

Georgetown/Scott County Revenue Commission, Inc P O Box 800 Georgetown, KY 40324

RETURN SERVICE REQUESTED

PRSRT STD US POSTAGE PAID GEORGETOWN KY PERMIT NO. 21