



# MCLEAN COUNTY TAX ADMINISTRATOR

## EMPLOYER'S QUARTERLY RETURN OF LICENSE TAX WITHHELD



*If no wages were paid this period, mark "NONE", sign and return this form*

1. Salaries, wages, commission & any compensation  
paid all employees for services in McLean County \_\_\_\_\_
2. **TAX DUE AT - 1.00%** \_\_\_\_\_
3. **LATE CHARGE PENALTY - 5% OR \$25.00 MINIMUM** \_\_\_\_\_
4. **LATE CHARGE INTEREST - 1% PER MONTH** \_\_\_\_\_
5. BALANCE DUE \_\_\_\_\_

**DID YOUR BUSINESS ACTIVITY CEASE IN MCLEAN COUNTY?**

YES \_\_\_\_ NO \_\_\_\_

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

Signed \_\_\_\_\_

Official Title \_\_\_\_\_ Date \_\_\_\_\_

Account No.

**FOR PERIOD ENDING**

Month	Day	Year

**RETURN DUE ON OR BEFORE**

Month	Day	Year

Make checks payable and mail to:

**MCLEAN COUNTY TAX ADMINISTRATOR**  
P.O. BOX 128  
**CALHOUN KY 42327**

Phone: (270) 273-9170  
WWW.MCLEANCOUNTY.KY.GOV  
Email: jbalwin@mcleanky.com

Indicate any name or address change above

**\*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.\***