

ANNUAL AGRICULTURAL EMPLOYER RETURN AND REPORT
WASHINGTON COUNTY OCCUPATIONAL LICENSE FEE

DUE DATE: January 31, 20__

EMPLOYER'S NAME AND ADDRESS:

Were you engaged in agricultural business within Washington County during the taxable period? YES _____ NO _____

Did you employ on a regular time basis, four hundred fifty (450) hours during a quarter:
Less than five (5) employees YES _____ NO _____ *More than five(5) employees*
YES _____ NO _____

- 1. Total salaries, wages, commissions, and other compensation paid employees this year \$ _____
- 2. Amount on line 1 subject to Washington County Fee \$ _____
- 3. Washington Co. License Fee Payable (3/4 of 1% of line 2) \$ _____
- 4. Interest (If delinquent -12% per annum from the due date) \$ _____
- 5. Total Amount Due (sum of lines 3 and 4) \$ _____

I declare that this is a true, correct, and complete return for the period beginning January 1, 20__ and ending December 31, 20__.

Signature _____ Date _____

Make checks payable and mail with return to:
Washington Occupational License Administrator
P.O. Box 228
Springfield, KY 40069

ANNUAL REPORT
(List, or attach a list of, or W-2's for all employees on your payroll this year)

Social Security #	Name	Gross Pay	Washington County Fee Withheld

TOTAL FEES WITHHELD (Should equal #3 above) \$ _____