County of Washington	EMPLOYER'S QUARTERLY RETUR	₹N	
form 501Q WASHINGTON COUNTY OCCUPATIONAL LICENSE FEE WITHHELD		E FEE WITHHELD	Account Number
1. Total salaries, wages, commissions, and other compensation paid employees this quarter			
2. Amount on line 1 subject to Washington C	ounty Fee		
3. Washington License Fee Payable (3/4 of 1	1% of line 2)		
4. Adjust for Fractions			
5. Interest			
6. Total Amount Due (Sum of lines 3, 4 and 5	5)		
7. Total Number of Employees subject to Wa	shington License Fee this quarter		
I declare this is a true, correct and complete retu	ırn for the quarter ending		
Company Name	Signature	Date	Title
The	INSTRUCTIONS FOR COMPLETING YO return is for a period of three calendar months ending March 31, Ju and is due on or before the last day of the month followin	une 30, September 30 or December 31,	

## Make checks payable and mail with this card to:

Line 2: Enter the amount included in Line 1 which represents payments subject to the Washington Co. License Fee. The employer must maintain adequate records to substantiate this amount.

Line 1: Enter total compensation paid during the quarter, regardless when or where earned.

Interest accrues on unpaid license fees at a rate of 12° per annum from the due date of the return until paid.

Washington Occupational License Administrator (WCOTA), P.O. Box 228. Springfield, KY 40069 • (859) 336-5430

More detailed information for employers can also be obtained from this office.