	EMPLOYER'S	RETURN OF O	CCUPATIONAL FEE WIT , mark "NONE" and return the	
1.	Salaries, wages, commissions & other compensation paid all employees for services in Mason County	\$	7. Overpayment to be refunded within 30 days of receipt. \$  I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.  Signed	
2.	Tax Due at - 1%	\$		
3.	Adjustment for preceding quarters (past due balances / underpayments)	\$		
4.	Penalty 5% Per Mth and portion of - Min \$25 Max 25 %	\$		
5.	Interest 8% per annum	\$	OfficialTitle	Date
6.	BALANCE DUE	\$		
		Account No.	FOR PERIOD ENDIR	
			Month Day	Year and mail to:
		Phone Number		MASON COUNTY FISCAL COURT
			RETURN DUE ON OR BEFORE	PO BOX 177
			Month Day	Year MAYSVILLE RY 41056
Inc	dicate any name or address change above.		FED ID No.	Phone Number (606) 934-1212
	*PLEA	SE MAKE A COPY OF T	IIS FORM FOR YOUR RECORDS.	Form MCOC - Rev. 03/10/23

PTCCAT COTTOT

## Instructions for Taxpayer

Make checks payable and mail to: Mason County Occupational Tax P.O. Box 177 Maysville, KY 41056

Our office hours are 8:30am - 4:30pm Monday through Friday

If this business has changed address, ownership or tax entity notify this office immediately.

The Employer must submit a reconcilliation of gross wages and taxes file with Mason County on or before February 28 of each year.

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

Blank Tax Forms may be downloaded and/or printed from www.masoncountykentucky.us

NOTICE: THIS FORM MUST BE RETURNED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS QUARTER.
THE PENALTY ON LINE 4 APPLIES EVEN IF NO TAX IS DUE.