



Boone County Fiscal Court

www.BooneCountyKy.org
2950 Washington Street
PO Box 960
Burlington, KY 41005
(859) 334-2144
(859) 334-3914 fax

Quarterly Withholding Tax Return for 2018 - TIF District

This form is only to be used by companies in the Park South at Richwood Development and The Friendly Market

Name: Account #: _____

dba: FEIN/SSN: _____

Quarterly wage detail required

Address: For Quarter Ending: - (Circle Correct Date)

03/31/18 due 04/30/18 09/30/18 due 10/31/18
06/30/18 due 07/31/18 12/31/18 due 01/31/19

City, State, Zip:

Total Gross Earnings of All Employees Working in Boone County \$

Boone County Board of Education Tax - 1/2 of 1% (.005)

****No Maximum****

- 1) Gross earnings subject to Boone County Board of Education tax
2) Multiply Line 1 by 1/2 of 1% (.005)
3) Total Board of Education Tax
4) Late fee penalty 5% per month, maximum not to exceed 25%. MINIMUM \$25

Boone County Ordinance #07-27- 8/10 of 1% (.008)

****Max \$60,236.00/tax of \$481.89 PER EMPLOYEE****

- 5) Gross earnings subject to Boone County payroll tax
6) Multiply Line 5 by 8/10 of 1% (.008)
7) Less any KY Job Assessment Program credit
8) Total Boone County Ordinance Tax
9) Late fee penalty 5% per month, maximum not to exceed 25%. MINIMUM \$25

Boone County TIF - 2%

****No Maximum****SUBMIT WAGE DETAIL WITH RETURN****

- 10) Gross Earnings subject to TIF Tax
11) Tax due as calculated on wage detail
12) Total TIF Tax
13) Late fee penalty 5% per month, maximum not to exceed 25%. MINIMUM \$25

Boone County Mental Health Tax Ordinance #07-26- 15/100 of 1% (.0015)

****Max \$16,666.00/tax of \$25.00 PER EMPLOYEE****

- 14) Gross earnings subject to Mental Health Payroll tax
15) Multiply Line 14 by 15/100 of 1% (.0015)
16) Total Mental Health Tax
17) Late fee penalty 5% per month, maximum not to exceed 25%. MINIMUM \$25

18) Interest fee 1% per month, 12% per year ((3+8+12+16)%) \$

Total remittance (add lines 3,4,8,9,12,13,16,17,18) \$

Statistical Information-REQUIRED

Total Number of Employees Working in Boone County

Signed: Date:

Printed Name: Official Title:

Tax Form Prepared By: Telephone Number:

E-mail Address

I declare, under the penalties of perjury, that I have examined this document and to the best of my knowledge and belief, this is a true and accurate return.

Please notify in writing any changes of ownership or new address by completing a Request to Change/Close Occupational License Account which can be found on our website @ www.BooneCountyKY.org. If you have any questions please call 859-334-2144 or email OccLicense@BooneCountyKY.org

Mail your return to: Boone County Fiscal Court PO Box 457 Florence, KY 41022-0457