



Boone County Fiscal Court

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

Quarterly Withholding Tax Return for 2019

Name: _____ Account #: _____

dba: _____ FEIN/SSN: _____

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

City, State, Zip: **03/31/19 due 04/30/19 09/30/19 due 10/31/19**
06/30/19 due 07/31/19 12/31/19 due 01/31/20

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) Late filing and/or Paying Penalty \$ _____
(5% per month, maximum not to exceed 25%, **minimum \$25**)
- 4) Interest Fee (1% per month, 12% per year) \$ _____
- 5) Total Board of Education Tax \$ _____

Boone County Ordinance #07-27- 8/10 of 1% (.008) *****Max \$62,012.00/tax of \$496.10 PER EMPLOYEE*****

- 6) Gross earnings subject to Boone County payroll tax \$ _____
- 7) Multiply Line 6 - by 8/10 of 1% (.008) \$ _____
- 8) *Less any KY or Boone Local Job Assessment Program credit* \$ _____
- 9) Late filing and/or Paying Penalty \$ _____
(5% per month, maximum not to exceed 25%, **minimum \$25**)
- 10) Interest Fee (1% per month, 12% per year) \$ _____
- 11) Total Boone County Payroll Tax \$ _____

Boone County Mental Health Tax Ordinance #07-26- 15/100 of 1% (.0015) *****Max \$16,666.00/tax of \$25.00 PER EMPLOYEE*****

- 12) Gross earnings subject to Mental Health Payroll tax \$ _____
- 13) Multiply Line 12 - by 15/100 of 1% (.0015) \$ _____
- 14) Late filing and/or Paying Penalty \$ _____
(5% per month, maximum not to exceed 25%, **minimum \$25**)
- 15) Interest Fee (1% per month, 12% per year) \$ _____
- 16) Total Mental Health Tax \$ _____

Total remittance (add lines 5,11,16)
Make check payable to: Boone County Fiscal Court \$

Statistical Information-REQUIRED

Total Number of Employees Working in Boone County

Signed: _____ Date: _____

Printed Name: _____ Official Title: _____

Tax Form Prepared By: _____ Telephone Number: _____

Payroll Processor: _____ E-mail Contact: _____

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 at www.BooneCountyKY.org. If you have any questions please call 859-334-2144 or email: OccLicense@BooneCountyKY.org

Mail your return to:
(PO Box 457, Florence, KY 41022-0457) is for returns WITH PAYMENT and
(PO Box 960, Burlington, KY 41005-0960) is for returns WITHOUT PAYMENT.