



**WARREN COUNTY SCHOOLS OCCUPATIONAL TAX
303 LOVERS LANE, BOWLING GREEN, KY 42103**

Phone: (270) 842-7168 • Fax: (270) 842-3411 • www.warrencountyschools.org • taxoffice@warren.kyschools.us

EMPLOYERS' ANNUAL RECONCILIATION OF LICENSE FEE/TAX WITHHELD

Account #: _____	Social Security # or Federal ID #: _____	For Year Ended

WITHHOLDING PAYMENT SCHEDULE

1st Qtr _____	2nd Qtr _____	3rd Qtr _____	4th Qtr _____
Total Number of Employees: _____		Total Payments \$ _____	

FEE COMPUTATION

*****IMPORTANT*****

**APPROPRIATE
SCHEDULES MUST
BE ATTACHED**

**Enclose Copies of ALL
Federal Forms W-2 and W-
3, Transmittal of Wage and
Tax Statements, or a
Detailed Listing of ALL
Employees with the
Required Equivalent
Information**

**DUE
FEBRUARY 28**

Remit To:

**Warren County Schools
Quarterly Tax Return
P.O. Box 51530
Bowling Green, KY
42102-5830**

Website:

www.warrencountyschools.org

1.) Total Wages, Tips, Other Compensation per Box 1 of Federal Form W-2 or W-3	_____
2.) Add: Deferred Compensation Contributed by Employees (i.e., Retirement, Profit Sharing, Deferred Compensation Plans, Cafeteria Plans, etc.)	_____
3.) Add: Welfare Benefit, Fringe Benefit, or Other Benefit Plan Payments Contributed by an Employee	_____
4.) Total Gross Compensation (Add Lines 1 through Line 3)	_____
5.) Less: Total Gross Compensation Paid for Service Outside of Warren County, Kentucky and/or Gross Nonresident Compensation	_____
6.) Taxable Compensation (Subtract Line 5 from Line 4)	_____
7.) Occupational License Fee (Line 6 X .005)	_____
8.) Total Payments Remitted	_____
9.) Balance Due (If Line 7 Exceeds Line 8 = Line 7 Minus Line 8) (No adjustment due for minor differences attributable to fractions of cents)	_____
10.) Penalty @ 5% per month (Not to Exceed 25%; Minimum \$25)	_____
11.) Interest @ 1% per month from Due Date	_____
12.) TOTAL AMOUNT DUE (Line 9 Plus Lines 10 and 11)	_____
13.) Overpayment Claimed (If Line 8 exceeds Line 7)	_____
<input type="checkbox"/> Refund <input type="checkbox"/> Credit to Next Year Estimated Payment	_____

RETURN MUST BE SIGNED - I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

SIGNATURE TITLE DATE PHONE # EMAIL ADDRESS

CREDIT CARD AND ACH PAYMENTS ARE ACCEPTED. PLEASE CONTACT THE OFFICE FOR PAYMENT OPTIONS.