

# Johnson County Annual Occupational Tax Return

## 001-FY

Johnson County Occupational Tax Rate: 0.50%

Tax Administrator: Eda Bussey

Out of business, check here  Date closed: \_\_\_\_\_

**POSTMARK DUE DATE:**

### Current Contact Information

Please Make Corrections In The Box To The Right

Account Number	Active Date
Account Name	
Address	
City / State / Zip	
Phone	

### Contact Information Corrections

Account Number	Active Date
Account Name	
Address	
City / State / Zip	
Phone	

### OCCUPATIONAL TAX WORKSHEET

Please Enter All Requested Information

<b>01.</b> Total net income as shown on attached Schedule C of state or fed. return.....	\$
<b>02.</b> Percentage of time working in Johnson County.....	%
<b>03.</b> NET income subject to Johnson County Occupational Tax (Line 1 x Line 2).....	\$
<b>04.</b> Johnson County Occupational Tax due (Line 3 x 0.50%).....	\$
<b>BUSINESSES ONLY complete lines 05 and 06. All others skip lines 05 and 06</b>	
<b>05.</b> Deduct \$25.00 for license fee IF previously paid this year.....	\$
<b>OR</b>	
<b>06.</b> Add \$25.00 for license fee if NOT previously paid this year.....	\$
<b>IF PAID ON OR BEFORE _____ GO TO LINE 09. OTHERWISE COMPLETE LINES 07, 08 AND 09</b>	
<b>07.</b> LATE FEE - Add 8.00% Interest (of line 4) per year due.....	\$
<b>08.</b> PENALTY - Add \$100.00 or 10.00% --whichever is greater--(of line 4).....	\$
<b>09. PAY THIS AMOUNT (Total of lines 4 through 8).....</b>	\$

Direct all questions or comments to: **Eda Bussey Occupational Tax Administrator.**

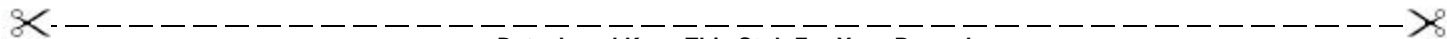
**(606) 789-2550**

### Please sign below

I hereby certify that the statements made herein and in any supporting schedules attached are true, correct and complete to the best of my knowledge.

Signature of Taxpayer	Date	Signature of Form Preparer	Date
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Return and make check payable to: Johnson County Fiscal Court PO Box 868 Paintsville, KY 41240



**Detach and Keep This Stub For Your Records**

Account Number	Active Date
Account Name	
Address	
City / State / Zip	
Phone	

Fiscal Year	Date Paid
Check Number	Amount Paid
Authorized By	