



CITY OF MCKEE

EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

If no wages were paid this period, mark "NONE" and return this form



1. Salaries, wages, commissions & other compensation paid all employees for services in This City \$ _____
2. Tax Due at - 1.00% \$ _____
3. Adjustment for preceding quarters (past due balances / underpayments) \$ _____
4. Penalty (per annum) - 5.00% \$ _____
5. Interest (per annum) - 1.00% \$ _____
6. BALANCE DUE \$ _____

7. Overpayment to be credited to next quarter \$ _____

I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____ Date _____

Official Title _____

Account No.

Phone Number)



FOR PERIOD ENDING		
Month	Day	Year
RETURN DUE ON OR BEFORE		
Month	Day	Year

FED ID NO.

Make checks payable and mail to:
CITY OF MCKEE
 P.O. BOX 455
 MCKEE KY 40447
 Phone: (606) 287-8305
 Fax: (606) 287-7179
 Email: dfields@citym

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

Form OCC-3PT Rev. 9/27/02