Magoffin County • Quarterly Occupational Tax

If no wages were paid this period, this form must be returned with zeros.

1. **TOTAL SALARIES, WAGES, COMMISSIONS & OTHER COMPENSATION** $_____
   Wages earned in Magoffin County
2. **TAX DUE AT 1.00%** $_____
3. **ADJUSTMENT FOR PRECEEDING QUARTERS (PAST DUE BALANCES)** $_____
4. **PENALTY - 10%** $_____
5. **INTEREST (PER ANNUM) - 12%** $_____
6. **BALANCE DUE** $_____

I hereby certify that the information & statements contained herein & any schedules or exhibits attached are true & correct.

Signed _____ **Date** _____ **Official Title** _____

LICENSEE **ACCOUNT NUMBER** **FOR PERIOD ENDING**

FEDERAL ID NUMBER **RETURN DUE ON OR BEFORE**

Make checks payable and mail to:
Magoffin County
Occupational Tax
PO Box 430
Salyersville, KY 41465

Retain lower half for your records

Phone: 606-349-2313
Fax: 606-349-2109
Email: magoffinjudge@gmail.com

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