

**CALDWELL COUNTY FISCAL COURT
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 Caldwell County \$ _____
- 2. Tax Due at - 1.50% \$ _____
- 3. Adjustment for preceding quarters (past due balances / underpayments) \$ _____
- 4. Penalty (per annum) - \$ _____
- 5. Interest (per annum) - \$ _____
- 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 _____

Official Title _____ Date _____

Account No.

Phone Number



Indicate any name or address change above.

FOR PERIOD ENDING		
Month	Day	Year
12	31	2026

RETURN DUE ON OR BEFORE		
Month	Day	Year
01	31	2027

FED ID No.

Make checks payable and mail to:

Caldwell County Treasurer
100 E MARKET ST ROOM 11
PRINCETON KY 42445
Phone Number

(270) 365-6660

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